

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

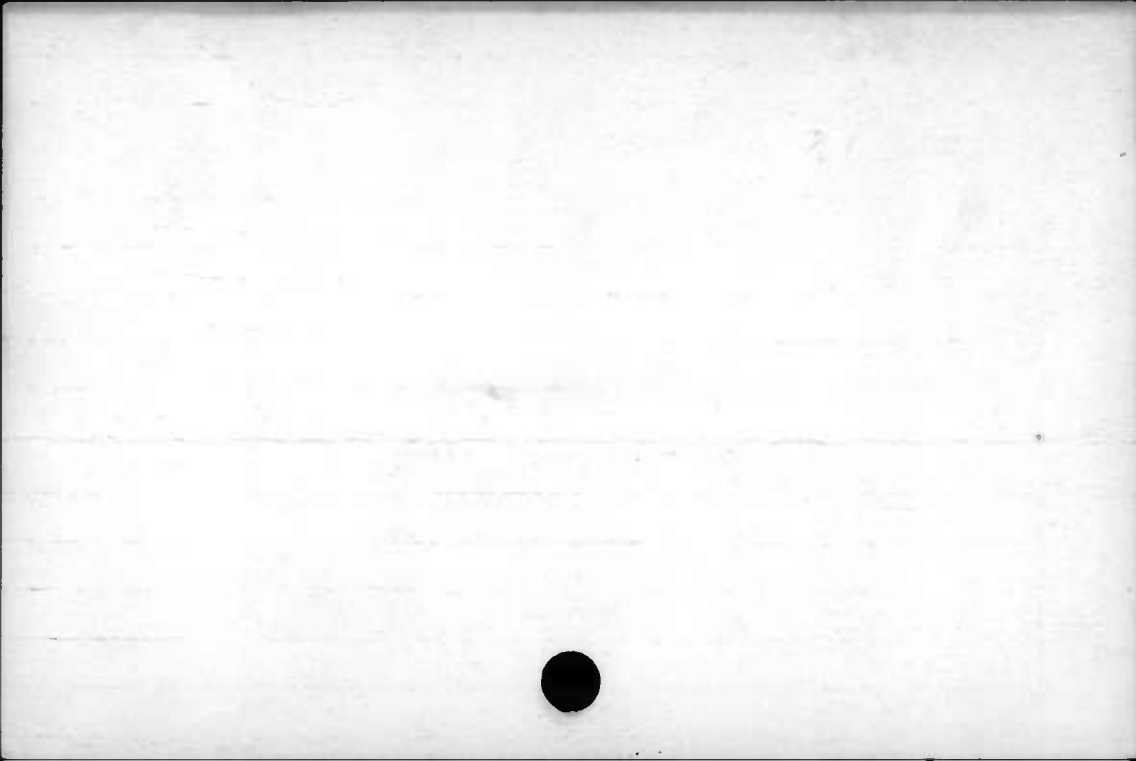
Name in Full <i>Johanna Almonry</i>		Town <i>near White Hall</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>near White Hall</i>		Date of death <i>1907 Oct- 27</i>		Age <i>68</i>		Months <i>4</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Days <i>15</i>	
Occupation <i>Housewife</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Albert J. B. Almonry</i>		Father's Name <i>Joshua Thompson</i>		Father's Birthplace <i>Ohio</i>	
Mother's Maiden Name <i>Elizabeth Thompson</i>		Name of person giving information <i>Flora Thompson</i>		Mother's Birthplace <i>—</i>		How related to deceased <i>Sister</i>	

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary <i>Hemiplegia</i>	How long <i>about 8 years</i>
Immediate <i>Cerebral Apoplexy</i>	How long <i>died suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. Millard Stirling</i>
	Address <i>Shaver, Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Premature Birth Almony
Town Parkton County Balt

CERTIFICATE OF DEATH

MARYLAND

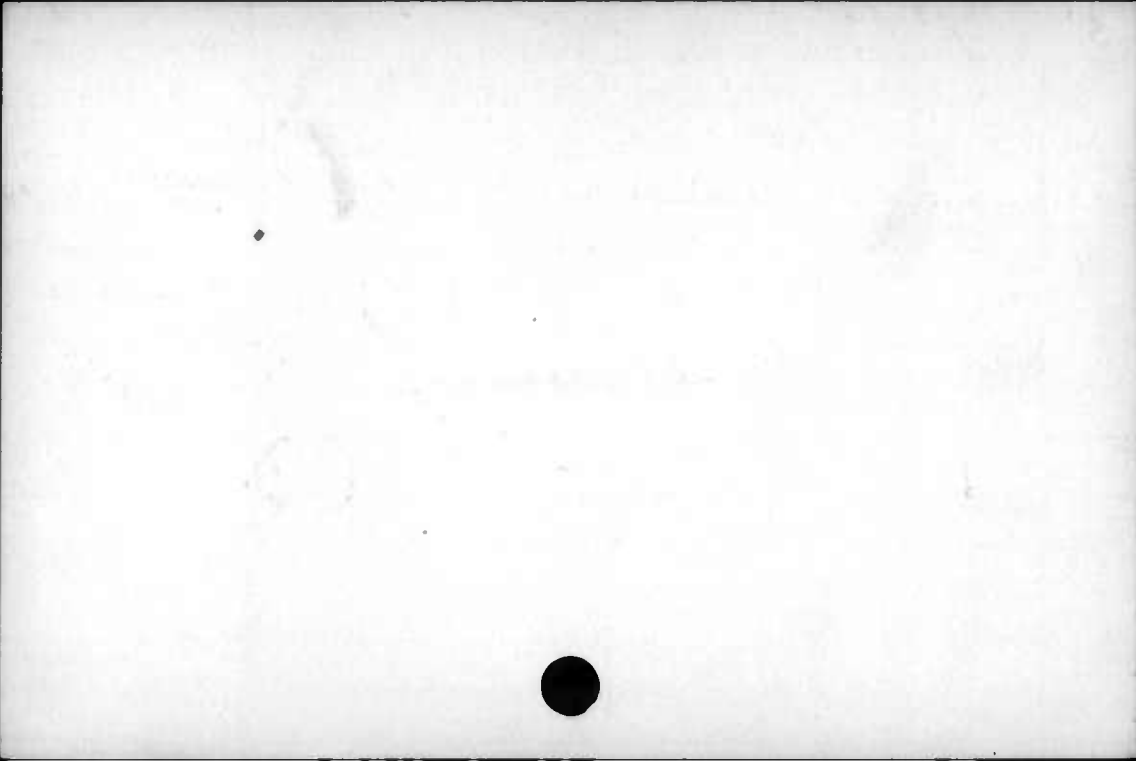
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Date of death		Age		Where Residing if not at place of death	
Near Parkton		1907 10 22		—		—	
Sex		Color or Race		Birth-place			
Female		White		Md			
Occupation		Name of Wife or Husband		Father's Birthplace		Mother's Birthplace	
—		—		—		Md	
Married, Single or Widowed		Name of person giving Information		How related to deceased			
—		Alice McFadden		Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Abortion 6 mths gone	How long	—
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		R R Morris	
		Address	
		Parkton	
		Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Lebanonville

Town

Cass

County

MARYLAND

Date

of death

1907

Month

Oct

Day

19

Age

Years

42

Months

Days

Sex

Male

Color or
Race

white

Birth-
place

Maryland

Occupation

Steve dore

Where Residing if not
at place of death

X

Married, Single
or Widowed

Married

Name of Wife or
Husband

Minnie Buehler

Father's
Name

unk.

Father's
Birthplace

unk.

Mother's
Maiden Name

unk.

Mother's
Birthplace

unk.

Name of person giving
information

Minnie Buehler

How related
to deceased

wife

CAUSES OF DEATH

Primary

General Paralysis

67

How long

2 yrs.

Immediate

Exhaustion

How long

1 mo.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. H. Kade
Lebanonville, Mo.

Accident or Suicide?

No

PHYSICIAN
OR CORONER

1st Evangelical Sem.
H. Sander & Sons

Name
in
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CERTIFICATE OF DEATH

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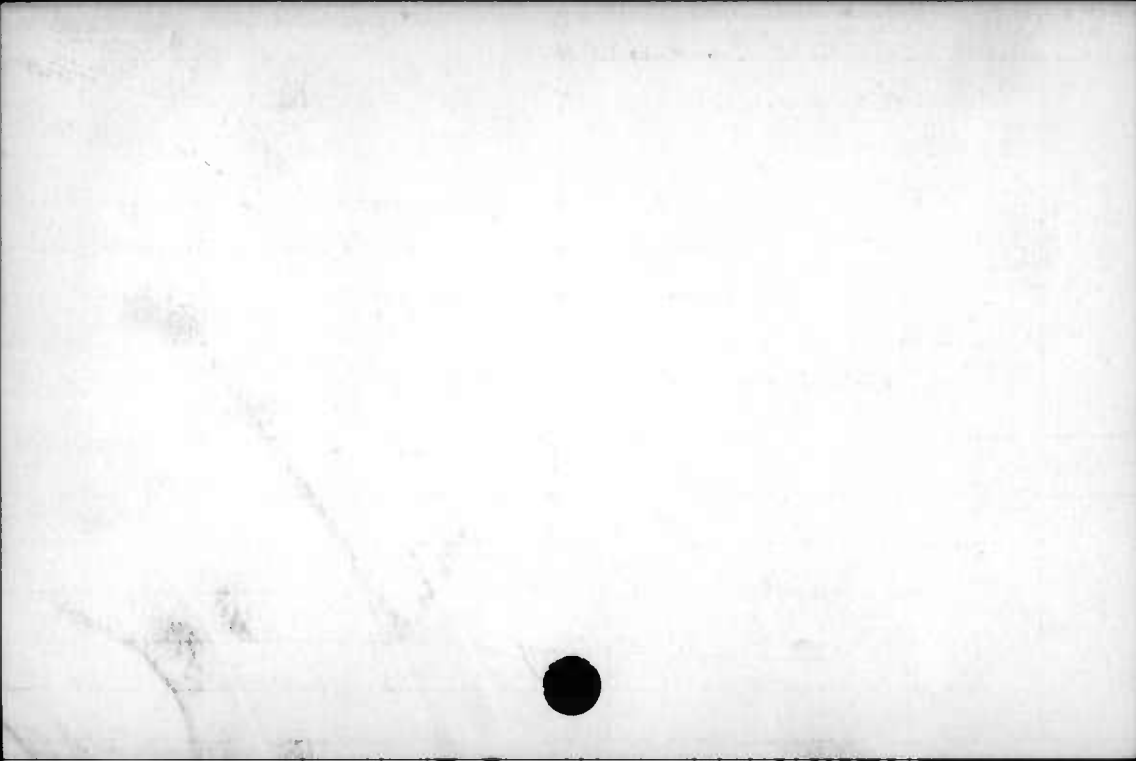
Died at <i>Spring Point</i>		Town <i>Spring Point</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	<i>1807</i>	Month <i>Oct.</i>	Day <i>18</i>	Age	Years <i>1</i>	Months <i>9</i>	Days <i>11</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Spring Point</i>				
Occupation <i>None</i>	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name <i>George J. Bailey</i>	Father's Birthplace <i>England</i>						
Mother's Maiden Name <i>Marisa Stanford</i>	Mother's Birthplace <i>England</i>						
Name of person giving information <i>Mrs. J. Bailey</i>	How related to deceased <i>Sister</i>						

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Intestinal Indigestion</i>	How long <i>11 weeks</i>
Immediate <i>Infantile Atrophy</i>	How long <i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. C. Eldred M. A.</i>
	Address <i>Spring Point</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Charles H. Baker

CERTIFICATE OF DEATH

MARYLAND

Died at Gold Spring Farm, Trulls Road.

County

Balto.

Date

1907

Month

Oct.

Day

25

Age

Years

79

Months

4

Days

03

Sex

Male

Color or
Race

White

Birth-
place

Balto, Co.

Occupation

Dairy keeper

Where Residing if not
at place of death

Cold Spring Lane

Married, Single
or Widowed

Married

Name of Wife or
Husband

Delorah Baker

Father's
Name

Isaiah Baker

Father's
Birthplace

Balto. Co., Md.

Mother's
Maiden Name

Mary Ann Elsworth

Mother's
Birthplace

Balto. Co., Md.

Name of person giving
In formation

Davis Baker

How related
to deceased

Son

CAUSES OF DEATH

40

Primary

Gastric Carcinoma

How long

2 yrs

Immediate

Asthma

How long

Grand

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Duncan Mac Karmar

Address

1102 Madison Ave

Accident or Suicide?

Neither

Baltimore Md

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Henry W. Means and Son
705 Calvert St. B. alt. no.
Dunbar Ridge Cemetery

Name

in
Full

Robert Baldwin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

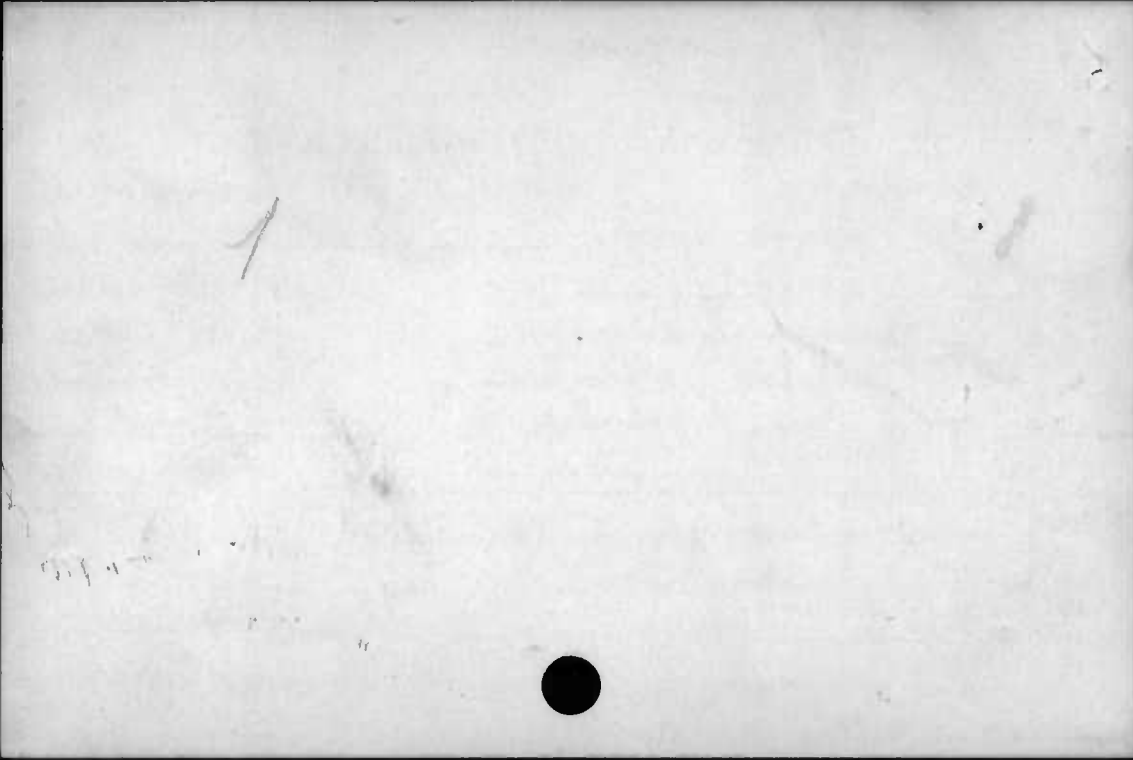
Died at <i>Relay</i> <small>Town</small>		<i>Baltimore Co</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i> <small>Year</small>	<i>October</i> <small>Month</small>	<i>4</i> <small>Day</small>	Age <i>about 57</i> <small>Years</small>	<i></i> <small>Months</small>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Maryland</i>			
Occupation <i>Baggage Master</i>	Where Residing if not at place of death <i>Bowen st Baltimore Ind</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information		How related to deceased			

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>Railroad accident struck and body mangled</i>	How long <i>one minute</i>
Immediate <i>same</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Arthur Wilkins</i>
	Address <i>Elk Ridge Howard Co Md</i>
Accident or Suicide? <i>Accident</i>	



Name
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William Banks

CERTIFICATE OF DEATH

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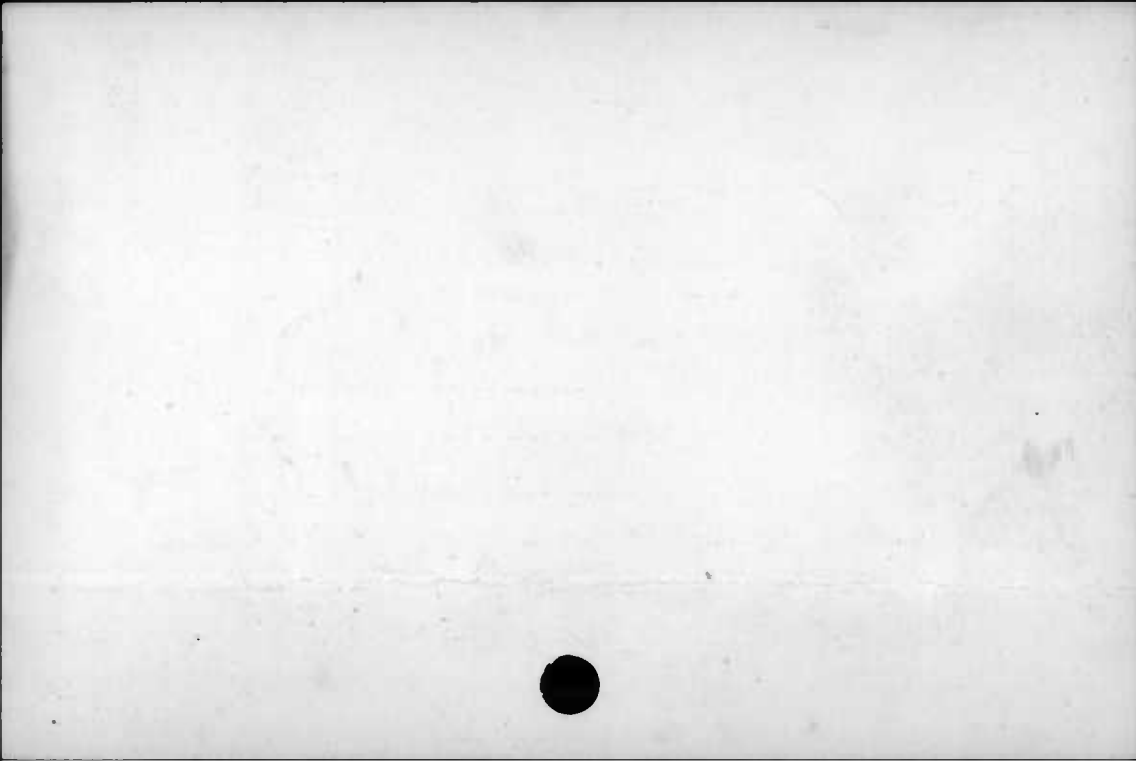
Died at <i>killed at Sparks station</i>		Town <i>Balto</i>	County		MARYLAND	
Date of death	<i>1907</i>	Month <i>October</i>	Day <i>16</i>	Age <i>unknown</i>	Years	Months
Sex	<i>Male</i>		Color or Race	<i>Colored</i>		
Occupation	<i>Coachman</i>		Birth-place	<i>unknown</i>		
Married, Single or Widowed <i>Single</i>			Where Residing if not at place of death <i>near Glen Cove</i>			
Father's Name <i>unknown</i>			Father's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>" "</i>			Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Baker Rso Sparks</i>			How related to deceased <i>none</i>			

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	<i>killed by train</i>	How long	<i>14</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>no Physician</i>	
<i>John 296 Locust</i>		Address	
Accident or Suicide? <i>Accident</i>			



Name
in
Full

Bernard. Frisby. Bedford

CERTIFICATE OF DEATH

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NEAREST FRIEND

Died at <i>Orange</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>October</i>	Day <i>12</i>	Age <i>—</i>	Months <i>6</i> Days <i>6</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Baltimore County</i>		
Occupation <i>No occupation</i>	Where Residing if not at place of death <i>Grand Baltimore County Md</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Samuel Bedford</i>	Father's Birthplace <i>Balti Co Md</i>				
Mother's Maiden Name <i>Florance Frisby</i>	Mother's Birthplace <i>Balti City Md</i>				
Name of person giving information <i>Mary C Frisby</i>	How related to deceased <i>Grandmother</i>				

CAUSES OF DEATH

105-

Primary *Cholera Infantum* How long *3 weeks*

Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes.*Signature of Physician *David A. Thompson* ^{Cornelius}
Address *1570 Highland Ave,
Baltimore County Md*Accident or Suicide? *—*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *George W. Berry*

Died at *Pikesville Md* Town *Baltimore* County

MARYLAND

Date of death *1907* Month *10* Day *19* Age *67* Years Months *11* Days *4*

Sex *Male* Color or Race *White* Birth-place *Richmond Va.*

Occupation *Printer* Where Residing if not at place of death *Pikesville Md*

Married, Single or Widowed *Widower* Name of Wife or Husband *Do not know*

Father's Name *Do not know* Father's Birthplace *Do not know*

Mother's Maiden Name *Do not know* Mother's Birthplace *Do not know*

Name of person giving information *H. H. Matthews* How related to deceased *None*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *General debility* How long *Don't know*

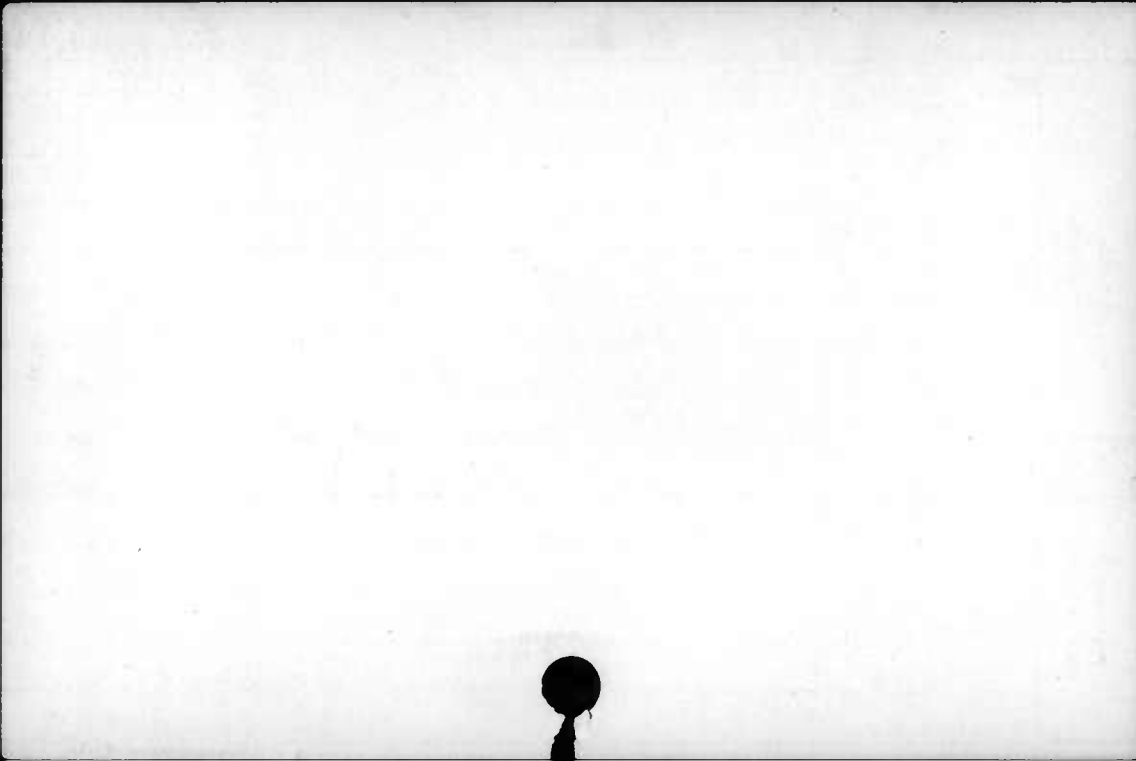
Immediate *Paralysis* How long *" "*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. P. M.*

Address *Pikesville Md*

Accident or Suicide?



Name
in
Full

Augusta

Blumke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Oct	9			2	19
Sex	Female		Color or Race	White		Birth-place	Baltimore
Occupation	None		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	August Blumke					Father's Birthplace	Germany
Mother's Maiden Name	Fredericka Markwart					Mother's Birthplace	Germany
Name of person giving information	August Blumke					How related to deceased	Rather

CAUSES OF DEATH

1571

PHYSICIAN
OR CORONER

Primary	Wasting disease.	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
Yes	David A. Thompson		
	Address		
	1524 Highland Ave		
	Baltimore County Md		
Accident or Suicide?			

1st Evangelical Sem
H. Under Linn

Name
in
Full

Emma A. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hamilton Town Balto County

Date of death 1907. Oct. 4 Age 37. Months Days

Sex female Color or Race white Birth-place Balto City

Occupation Nurse Where Residing if not at place of death Hamilton

Married, Single or Widowed Married Name of ~~Wife or~~ Husband John G. Brown

Father's Name John W. Giles Father's Birthplace Balto

Mother's Maiden Name Harriet Griffith Mother's Birthplace AA Co Md

Name of person giving information Sam A. Wheeler How related to deceased sister

CAUSES OF DEATH

(29)

Primary Tuberculosis of bowels How long 1 year

Immediate Exhaustion How long 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Wm D. Corne

Address Gordonsville Md.

Accident or Suicide?

PHYSICIAN
OR CORONER

~~At the~~
~~of the~~
~~new Haystack Rd~~

Miss. Cemetery.

Oct. 7/67

Wm Cook
Wor & North St.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

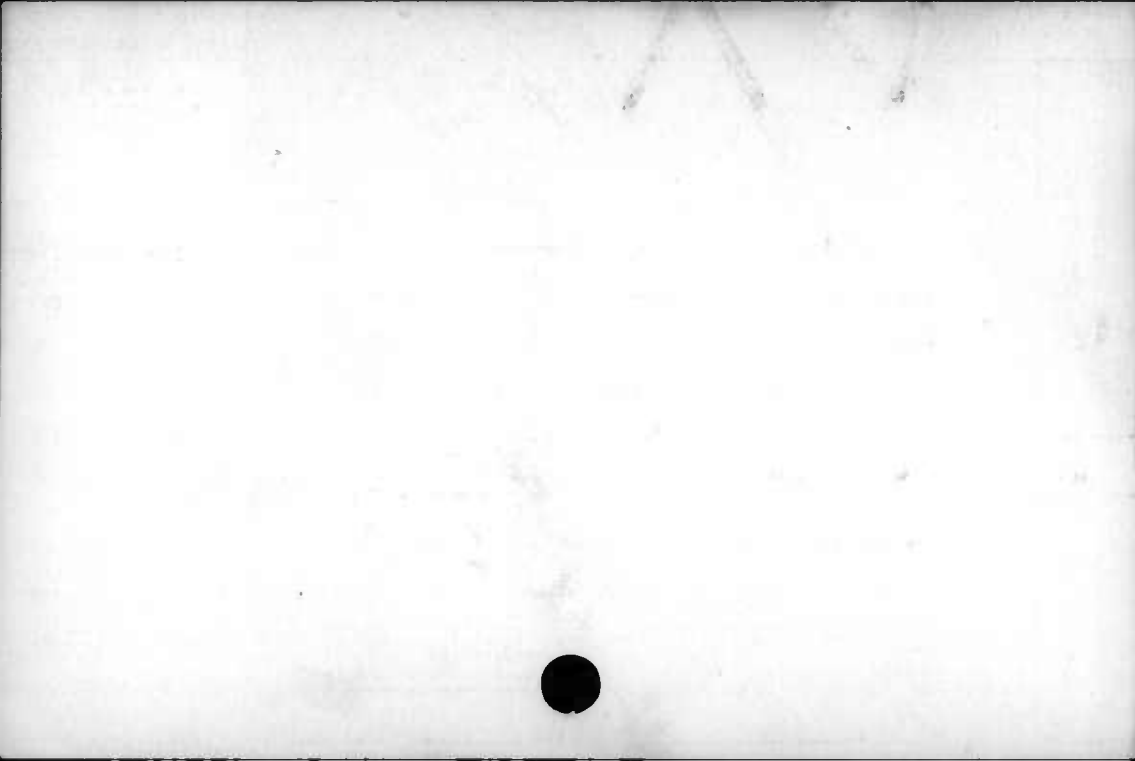
Died at <i>Catonville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Oct</i>	Day	<i>7</i>
Age	<i>4</i>	Years	<i>4</i>	Months	<i>4</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Catonville</i>
Occupation	<i>None</i>	Where Residing if not at place of death		<i>Place of death</i>	
Married, Single or Widowed	<i>—</i>	Name of Wife or Husband			
Father's Name	<i>Henry Cook Brown</i>			Father's Birthplace	<i>Baltimore Md</i>
Mother's Maiden Name	<i>Frances Palmer Singer</i>			Mother's Birthplace	<i>Philadelphia</i>
Name of person giving information	<i>John Macgill</i>			How related to deceased	<i>Physician</i>

CAUSES OF DEATH

19

PHYSICIAN
OR CORONER

Primary	<i>Membranous Croup</i>	How long	<i>2 Days</i>
Immediate	<i>Asphyxia</i>	How long	<i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>John Macgill</i>	
		Address	
		<i>Catonville</i>	
Accident or Suicide?		<i>No</i>	



Name
in
Full

Brown (infant)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Arbutus</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Oct.</i>	Day <i>29</i>	Age <i>—</i>	Months <i>—</i>	Days <i>14</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Arbutus</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married , Single or Widowed		Name of Wife or Husband <i>—</i>			
Father's Name <i>John Brown</i>			Father's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Elizabeth Lawson</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Elizabeth Brown</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature infant</i>	<i>137</i>	How long <i>6th month of pregnancy</i>
Immediate <i>—</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm R. Eaneson</i>	
	Address <i>Oak Ridge</i>	
Accident or Suicide? <i>—</i>		



Name
in
Full

Mrs. Emily G. Buck.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Arlington</i> Town		<i>Baeto</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Oct</i>	Day <i>21</i>	Age <i>76</i> Years	Months <i>3</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Arlington</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>William H. Buck, Sr.</i>				
Father's Name <i>John V. Ridgely</i>	Father's Birthplace <i>Alabama Co.</i>				
Mother's Maiden Name <i>Sally Folger</i>	Mother's Birthplace <i>Mass.</i>				
Name of person giving information <i>M. E. Palmer</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

Primary <i>Bright's Disease</i>	How long <i>120</i> Years.
Immediate <i>Exhaustion & Nerve</i>	How long <i>3 days</i>

Are the name, age, sex, color, date and place correctly given above?

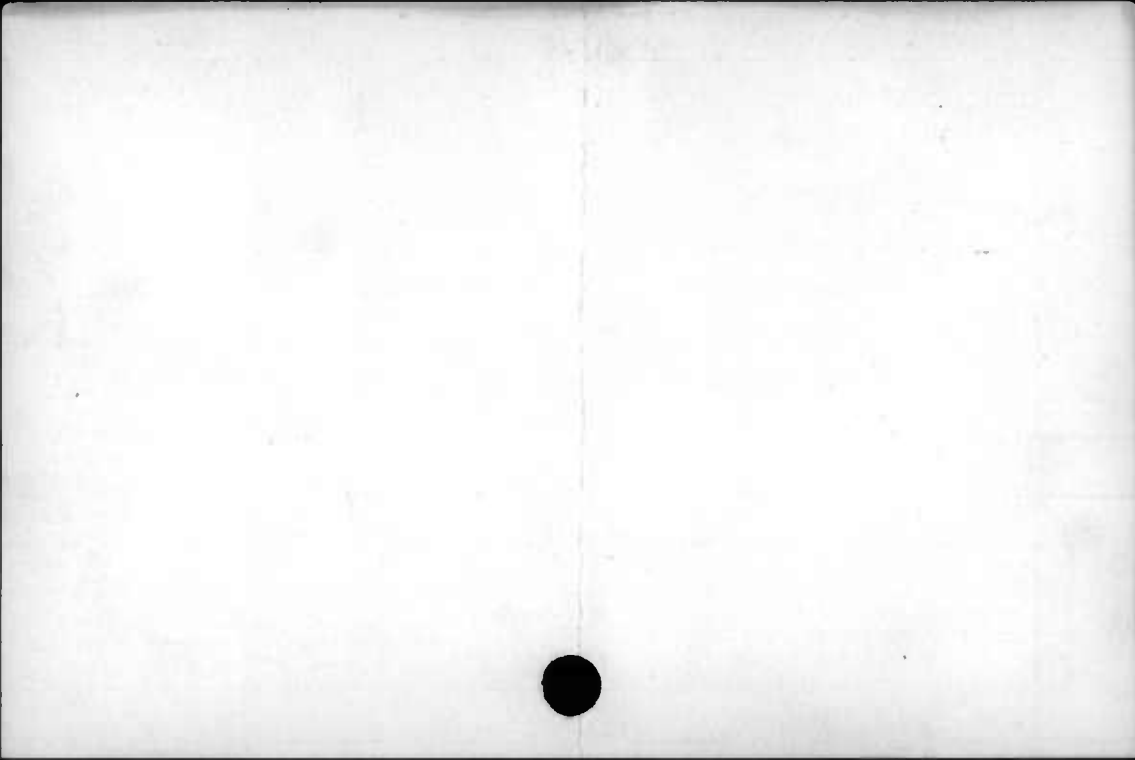
Yes.

Signature of Physician

Address

W. B. Cox M.D.
Arlington

Accident or Suicide?



Name
in
Full

Emily F. Buck

CERTIFICATE OF DEATH

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NEAREST FRIEND

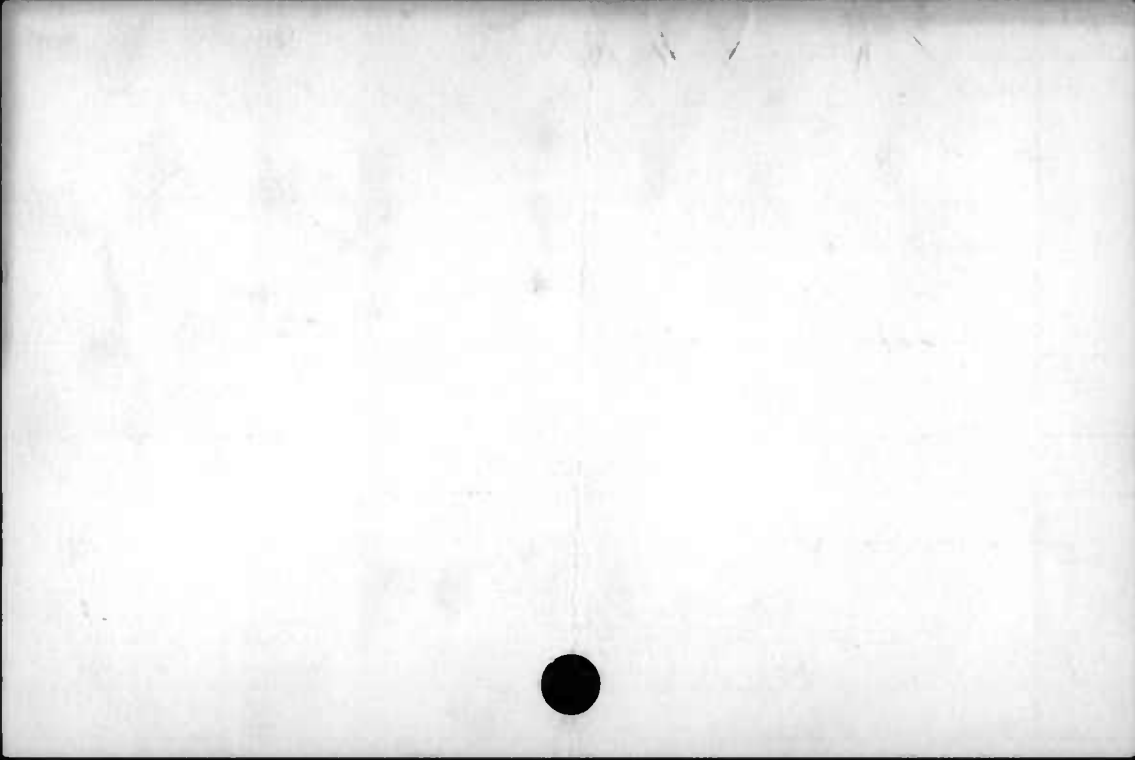
Died at		Town Arlington		County Baltimore		MARYLAND	
Date of death	1905	Month 10	Day 21	Age Years 76	Months 5	Days	
Sex	Female		Color or Race	White		Birth- place	Balto. Co. Md.
Occupation	None			Where Residing if not at place of death Arlington, Md.			
Married, Single or Widowed	Married		Name of Husband	William H. Buck, Sr.			
Father's Name	John W. Ridgely				Father's Birthplace	Balto Co Md	
Mother's Maiden Name	Emie Polgier				Mother's Birthplace	Mass.	
Name of person giving In formation	William H. Buck, Sr.				How related to deceased	Husband	

CAUSES OF DEATH

1154

PHYSICIAN
OR CORONER

Primary	Senile Degeneration		How long	Gradual
Immediate	Heart Failure		How long	Two months
Are the name, age, sex, color, date and place correctly given above?		Supper co		
		Signature of Physician	Charles F. Hill	
		Address	Sta. E.	
Accident or Suicide?		Baltimore Md.		



Name
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Full

CERTIFICATE OF DEATH

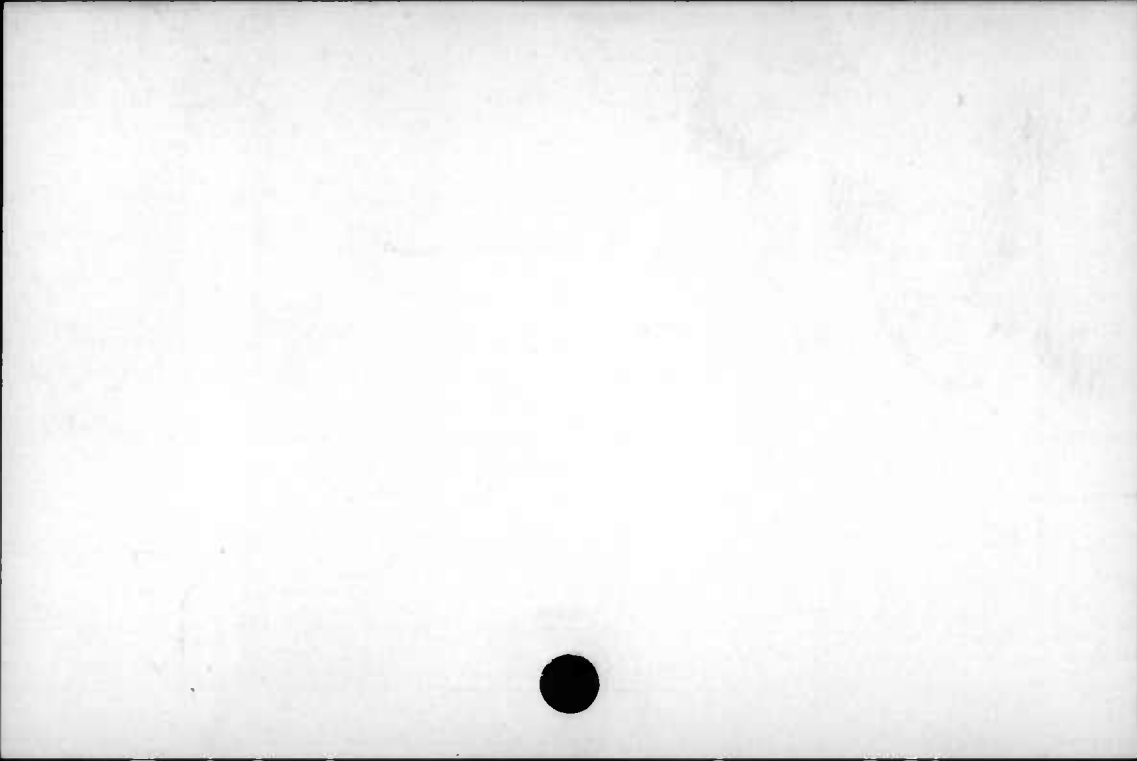
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John G. Burns</i>		Town <i>White Hall</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>White Hall</i>		Month <i>Oct</i>		Day <i>22</i>		Years <i>21</i>	
Date of death <i>1907</i>		Month <i>Oct</i>		Day <i>22</i>		Years <i>21</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>White Hall</i>			
Occupation <i>Tele. Operator, N.C.R.</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John T. Burns</i>		Father's Birthplace <i>White Hall</i>					
Mother's Maiden Name <i>Mary A. Wise</i>		Mother's Birthplace <i>White Hall</i>					
Name of person giving information <i>John T. Burns</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>Three weeks</i>
Immediate <i>Strenia</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Hays, M.D.</i>
	Address <i>Barstow, N.H.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full William Carter		Town Poplar Heights		County Baltimore		STATE MARYLAND	
Died at		Date of death 1907 October 10		Age 80		Months — Days —	
Sex Male		Color or Race Colord-		Birth-place Annerundel Co Md			
Occupation Laborer		Where Residing if not at place of death at Place of death Balt					
Married, Single or Widowed Married		Name of Wife or Husband Marria Carter					
Father's Name Don't Know		Father's Birthplace Don't Know					
Mother's Maiden Name Don't Know		Mother's Birthplace Don't Know					
Name of person giving information Marria Carter		How related to deceased Wife					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Infirmities due to	How long —
Immediate	Old Age.	How long —
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician David A. Thompson
		Address 1500 Highland Ave
Accident or Suicide? —		Baltimore County Md

Dr. Sabel Athey

No 2 Hudson-street

get permit

Name
in
Full

Michael Cashman S. J.

CERTIFICATE OF DEATH

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NEAREST FRIEND

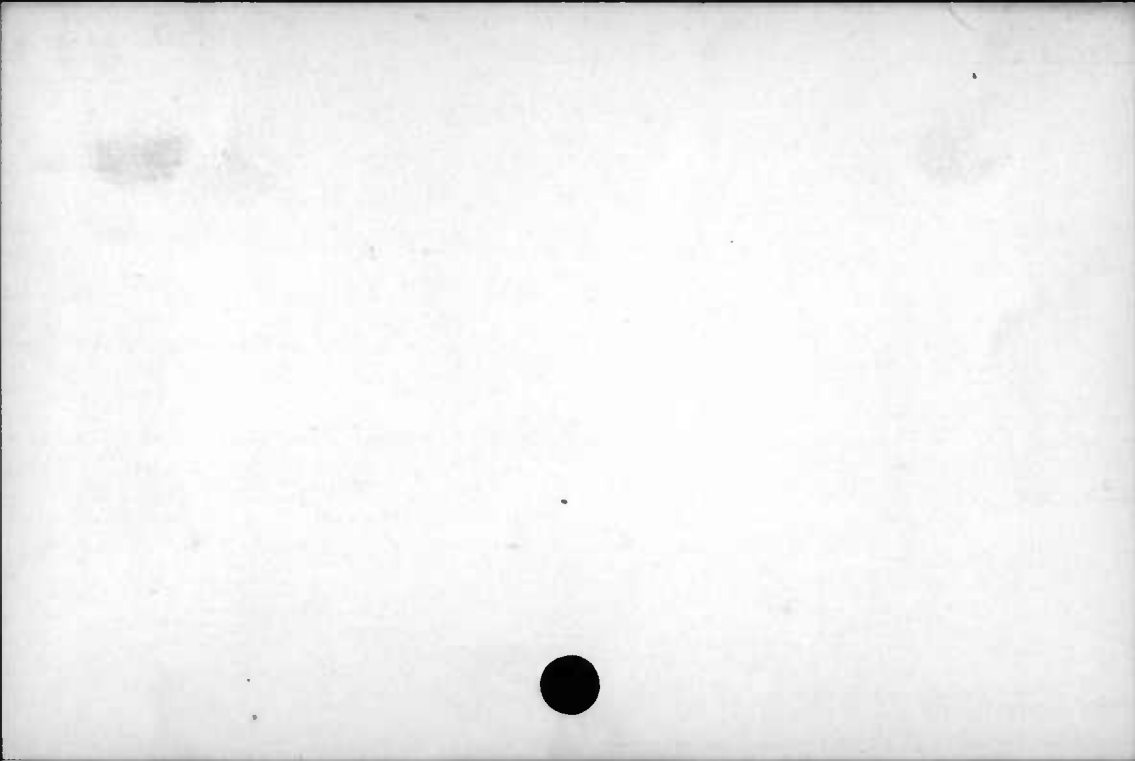
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Oct	13	64			
Sex		Color or Race		Birth-place			
male		white		Ireland			
Occupation		Where Residing if not at place of death					
none		Same					
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Don't Know		Don't Know					
Mother's Maiden Name		Mother's Birthplace					
Don't Know		Don't Know					
Name of person giving information		How related deceased					
Joe Hagerty		none					

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	Hepatic Carcinoma	How long	3 years
Immediate	Exhaustion + Coma	How long	few hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		H. J. Staple and	
		Address	
		St. James' Hall	
Accident or Suicide?			



Name
in
Full

James L. Castle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

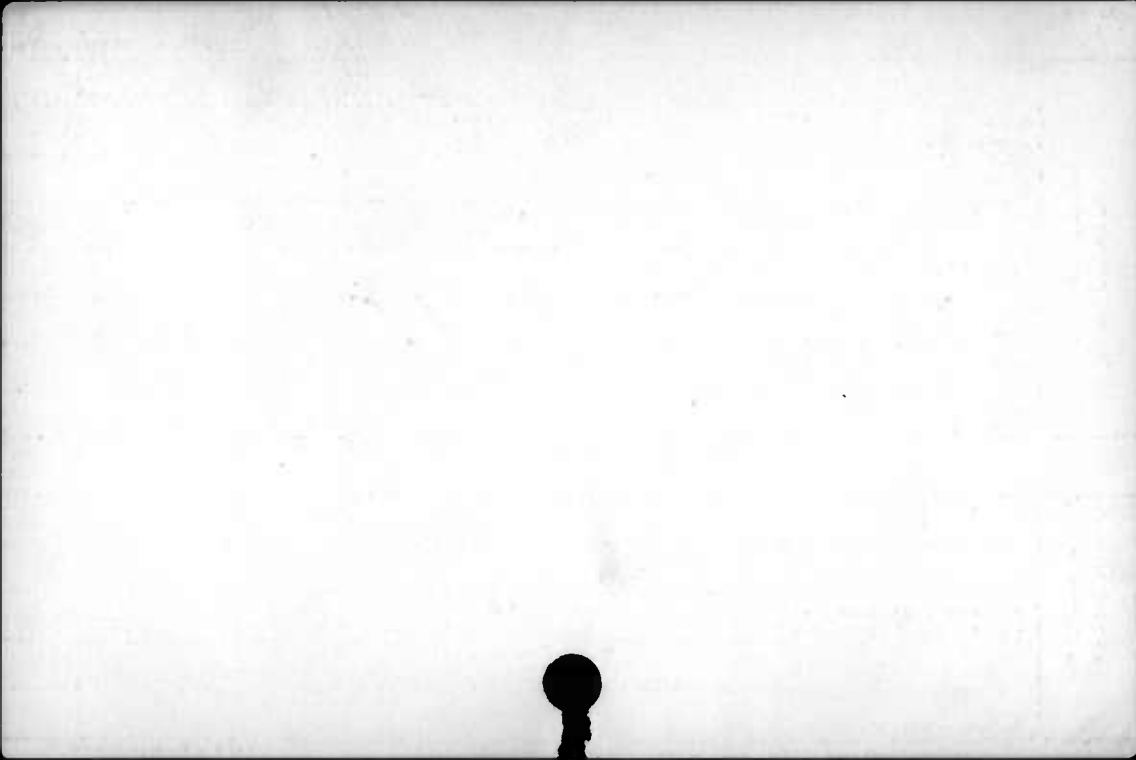
Died at <i>Pikesville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>10</i>	Day	<i>4</i>
Age		<i>67</i>	Years	Months	<i>—</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Md.</i>
Occupation	<i>Shoemaker</i>		Where Residing if not at place of death <i>Pikesville</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>Do not know</i>			Father's Birthplace	<i>Do not know</i>
Mother's Maiden Name	<i>"</i>	<i>"</i>	<i>"</i>	Mother's Birthplace	<i>" " "</i>
Name of person giving information	<i>H. H. Mathews</i>			How related to deceased	<i>None</i>

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>several years</i>
Immediate	<i>General debility</i>	How long	<i>one month</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>W. O. E. Mow</i>	
Address		<i>Pikesville Md.</i>	
Accident or Suicide?			



Name
in
Full

Mary Cooney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wt Washington</i>		Town <i>Balt.</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>10</i>	Day	<i>12</i>	Age	<i>35</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>		Birth-place	<i>Irl.</i>	
Occupation	<i>Home duties</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>John Cooney</i>				
Father's Name	<i>Wm Welsh</i>			Father's Birthplace	<i>Ireland</i>		
Mother's Maiden Name	<i>Mary Stanton</i>			Mother's Birthplace	<i>Ireland</i>		
Name of person giving information	<i>John Cooney</i>			How related to deceased	<i>Husband</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulm. Tuberculosis</i>	How long	<i>1 yr.</i>
Immediate	<i>Exhaustion</i>	How long	<i>few weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>D H Burtin M.D.</i>	
		Address	
		<i>Wt Washington</i>	
		<i>D.C.</i>	
Accident or Suicide?			

MARTIN FAHEY & SONS,
Funeral Directors & Embalmers.

606 & 608 W. LaFayette Ave.

TELEPHONE 1993.

OCT 14 1907

St Mary's Cem Co. vane

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Cooper

Town

County

MARYLAND

Died at Parkton

Baltimore

Date

Month

Day

Years

Months

Days

of death 1907

Oct

26

Age

72

9

26

Sex

Male

Color or
Race

White

Birth-
place

Balto Co Md

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Clara E. Cooper

Father's
Name

James Cooper

Father's
Birthplace

Balto Co -

Mother's
Maiden Name

Clara E. Armacost

Mother's
Birthplace

Balto Co

Name of person giving
In formation

John M. Cooper

How related
to deceased

Son

CAUSES OF DEATH

65

Primary

Cerebral Softening

How long

2 Month

Immediate

"

"

How long

2 Weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

S. W. Hunter

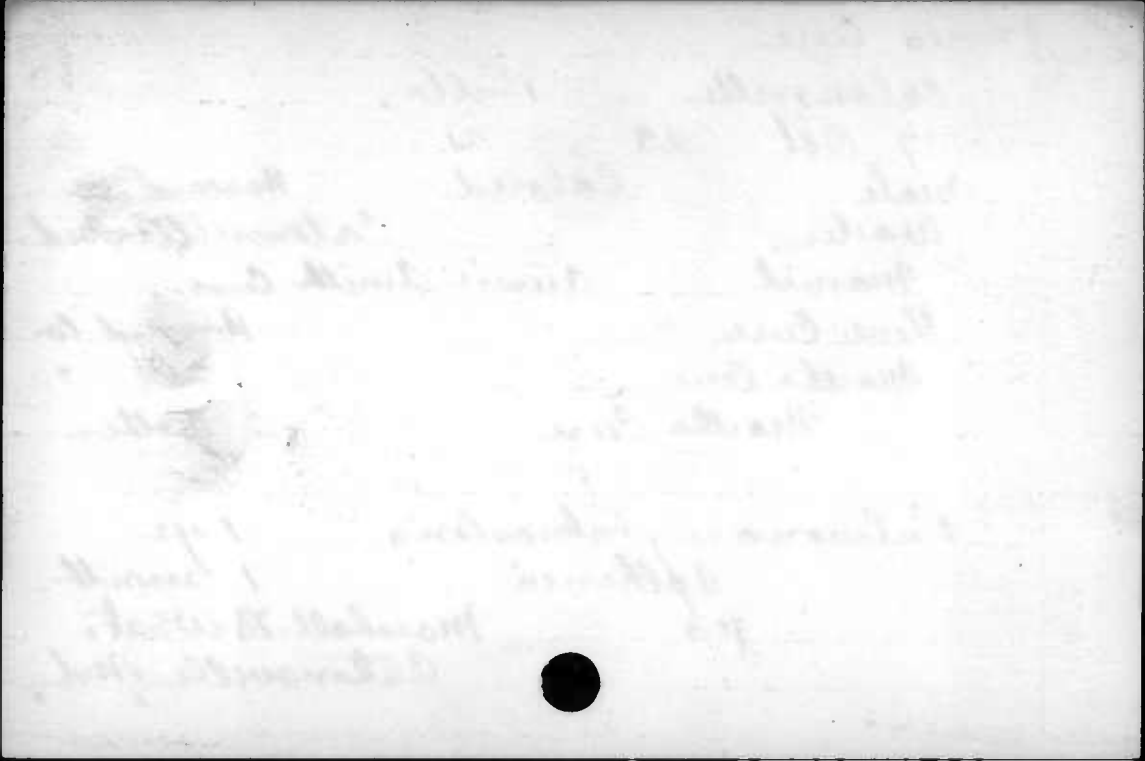
Address

Parkton P. O.

Balto Co.

Accident or Suicide?

—



Name
in
Full

James Cure

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Catonsville		County Balto.		MARYLAND	
Date of death		1907	Month Oct	Day 23	Age 21	Years	Months Days
Sex Male		Color or Race Colored		Birth-place Howard Co			
Occupation Waiter		Where Residing if not at place of death Catonsville Md					
Married, Single or Widowed Married		Name of Wife or Husband Aurice Smith Cure					
Father's Name Leve Cure		Father's Birthplace Howard Co					
Mother's Maiden Name Martha Cure		Mother's Birthplace " "					
Name of person giving information Martha Cure		How related to deceased Mother					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	1 yr
Immediate	Asthenia	How long	1 month
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Marshall B West.	
		Address Catonsville Md.	
Accident or Suicide?			

Easton Dons.

Free Press
Howard Co.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

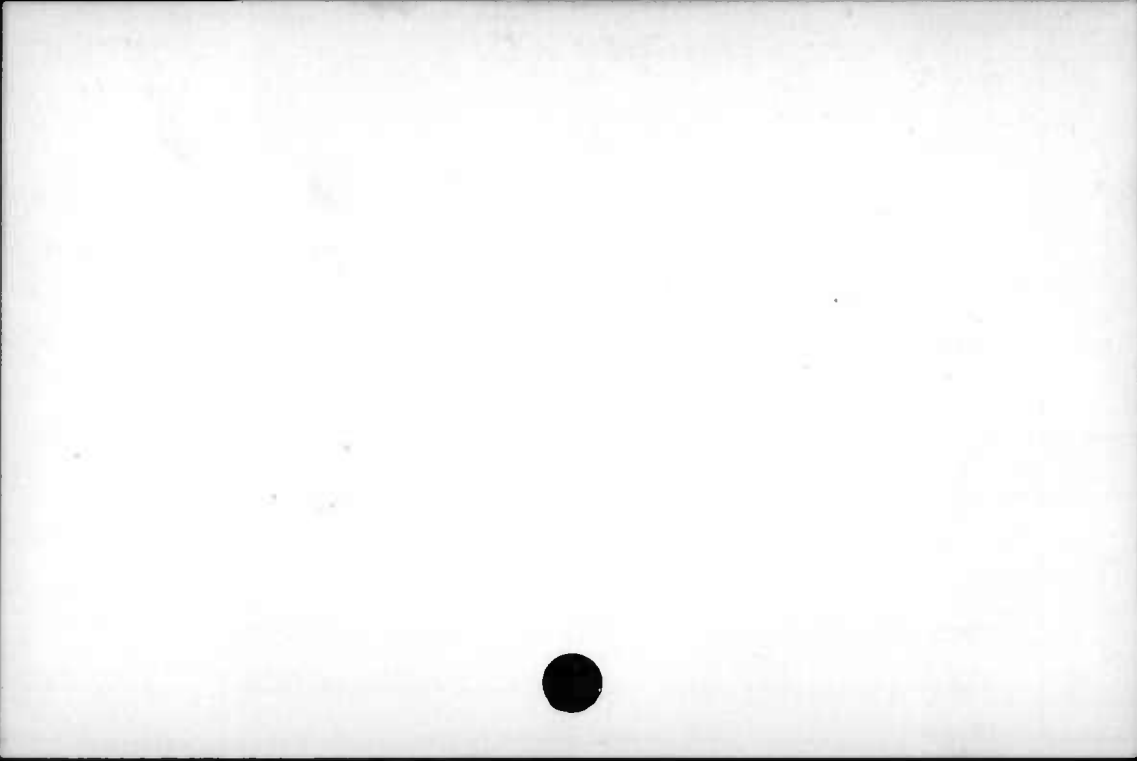
Died at <i>Graystone</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>10</i>	Day	<i>7</i>
Age	<i>47</i>	Years	<i>4</i>	Months	<i>7</i>
Sex	<i>male</i>	Color or Race	<i>White</i>	Birth-place	<i>Hamburg Germany</i>
Occupation	<i>Watchman R.R.</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband <i>Sarah ann Dammyer</i>			
Father's Name	<i>Wm. Albert Dammyer</i>			Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Sopha Iceberge</i>			Mother's Birthplace	<i>LL</i>
Name of person giving information	<i>Sarah ann Dammyer</i>			How related to decedent	<i>Wife</i>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>About ten years</i>
Immediate	<i>Tubercular Pneumonia</i>	How long	<i>7 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. F. Hyde M.D.</i>
		Address	<i>Parkton</i>
Accident or Suicide?			



Name
in
Full

Margaret C. Deems

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

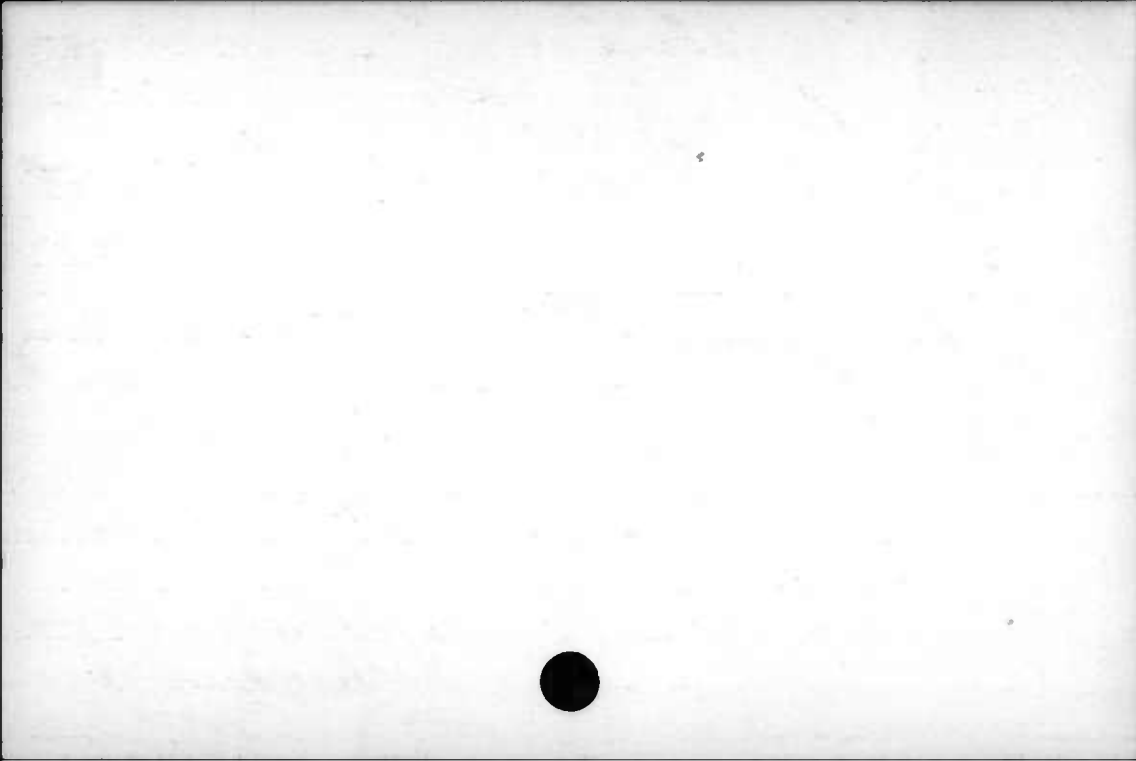
Died at		Town <i>Lauranville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1907	Month <i>Oct</i>	Day <i>10</i>	Age <i>64</i>	Years	Months <i>4</i>	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Baltimore Md</i>				
Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i>John Deems</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John Deems</i>						
Father's Name <i>Christian Gorb</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>Mary Gorb</i>	Mother's Birthplace <i>Germany</i>						
Name of person giving Information <i>John Deems</i>	How related to deceased <i>Husband</i>						

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Valvular Disease of Heart</i>	How long <i>15 years</i>
Immediate <i>Embolism of Lung</i>	How long <i>One hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Edmund G. Darling</i>
	Address <i>Lauranville Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

James Elmer Dribel

Town

Ashland

County

Baltimore

MARYLAND

Died at

Date

1907

Month

Oct

Day

11

Years

1

Months

12

Days

4

of death

Age

Sex

Male

Color or
Race

White

Birth-
place

Ellicott City

Occupation

Infant

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

August Dribel

Father's
Birthplace

Baltimore

Mother's
Maiden Name

Georgiana Keys

Mother's
Birthplace

Pine Bluff, Ark

Name of person giving
Information

Mrs E Dribel

How related
to deceased

Mother

CAUSES OF DEATH

92

Primary

Broncho Pneumonia

How long

2 weeks

Immediate

Cerebral meningitis

How long

8 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Dr W. B. Dribel

Cockeysville

Accident or Suicide?

Neither

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Interment at
Texas Cemetery
Saturday Oct 12

Will you receive the
other Cents.
Yours &c M. C. Proctor

Name
in
Full

Mary E. Embow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

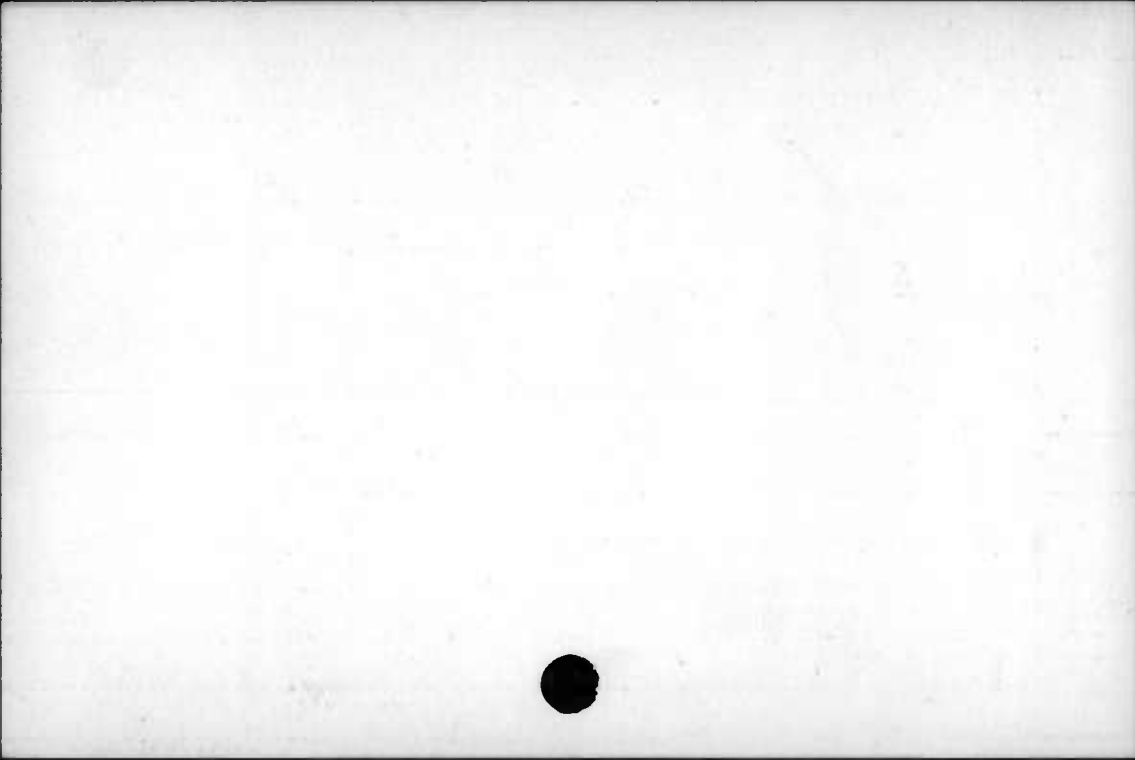
Died at		Town <i>Franklinville</i>		County <i>Balto</i>		MARYLAND	
Date of death	1907	Month <i>Oct</i>	Day <i>6</i>	Age <i>76</i>	Years <i>76</i>	Months <i>✓</i>	Days <i>20</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth- place <i>Md.</i>				
Occupation <i>housekeeper</i>	Where Residing if not at place of death <i>Same</i>						
Married, Single or Widowed <i>widowed</i>	Name of Wife or Husband <i>John</i>		<i>D Embow</i>				
Father's Name <i>Quida Scott</i>	Father's Birthplace <i>Md.</i>						
Mother's Maiden Name <i>— Lu</i>	Mother's Birthplace <i>Md.</i>						
Name of person giving In formation <i>Sauva Loker</i>	How related to deceased <i>Daughter</i>						

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>organic heart-disease</i>	How long <i>3 Years</i>
Immediate <i>heart-failure</i>	How long <i>some weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. F. H. Loxton</i>
	Address <i>Fork Md.</i>
Accident or Suicide?	



Name
in
Full

Sarah E. Delius

Baltimore County

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Mt Winaus^{County} Baltimore

MARYLAND

Date of death 1907 Oct.

Day 8

Age 33 ^{Years} months

Months

Days

Sex Female

Color or
Race

White

Birth-place Howard County

Occupation
HousewifeWhere Residing if not
at place of death

Mt Winaus

Married, Single or Widowed Married

Name of Wife or
Husband

Charles Delius.

Father's Name Elizabeth Wood

Father's Birthplace Howard Co

Mother's Maiden Name Sarah E. Wood.

Mother's Birthplace Howard Co

Name of person giving
In formation Chas DeliusHow related
to deceased Husband

CAUSES OF DEATH

Primary Capillary Bronchitis

90

How long 3 weeks

Immediate Catarrhal Pneumonia

How long 8 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W. Budeker, M.D.

Address

914 N. Fayette St.

Accident or Suicide?

Robt Bunch
Horn
Lauden Park

Name
in
Full

John W. Doerfler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highland town</i>		County <i>Balto.</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Oct</i>	Day <i>1st</i>	Age <i>2</i>	Months <i>2</i>	Days <i>6</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Highland Co</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>806 Clinton St.</i>		
Married, Single or Widowed <i>S.</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John Doerfler</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Catherine Birn</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>John Doerfler</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Marasmus,</i>	How long <i>4 weeks.</i>
Immediate <i>Cholera infantum,</i>	How long <i>2 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>W. C. McClanahan</i>
	Address <i>618 S. Clinton St.</i>
Accident or Suicide?	

Remembered Sippel Sons
Sacred Heart Cemetery

Name
in
Full

Edith Lee Darsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Oct	11	Age 22	4	16	
Sex		Color or Race		Birth-place			
Female		White		Md.			
Occupation		Where Residing if not at place of death					
None		Annapolis Junction					
Married, Single or Widowed		Name of Wife or Husband					
Single		None					
Father's Name		Father's Birthplace					
Lloyd Egbert Darsey		Md.					
Mother's Maiden Name		Mother's Birthplace					
Laura Warthington		Md.					
Name of person giving information		How related to deceased					
W. P. Duntan, Jr.		None					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Exhaustion (Circled 68)	How long	3 mos
Immediate	Cardiac Failure	How long	12 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. P. Duntan, Jr.	
		Address	
		Towson, Md	
Accident or Suicide?*			
No.			

"Depressio Affectus" (Manic)
Depressive (Insanity)
Exhaustion of denutrition -
Cardiac Failure - Death"

G. F. Hallam M. R. Duntun J.

723 W Lafayette Ave
Baltimore Md

to
Annapolis Junk
Md.

Name
in
Full

Andrew Dosch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Canton</i>		County <i>Baltimore</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Oct.	28	74		2	-
Sex		Color or Race		Birth-place			
Male		White		Balt., Md.			
Occupation				Where Residing if not at place of death			
None							
Married, Single or Widowed		Name of Wife or Husband					
M.		Andrew Dosch					
Father's Name		Fether's Birthplace					
Michael Dosch		Germany					
Mother's Maiden Name		Mother's Birthplace					
Not known		Germany					
Name of person giving information		How related to deceased					
James Sealoni		Son in law					

CAUSES OF DEATH

142

PHYSICIAN
OR CORONER

Primary	Gangrenous condition of the Pains	How long	3 months 18 days
Immediate	Congestion of the Lungs	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Morris Abramowitz	
		Address	
		1026 E. Baltimore St.	
		Balt. Md.	
Accident or Suicide?			
no			

Handed by hand 2002

Wm Carroll Cawley

310 S. Clinton St.

1907

74

33

Name
in
Full

Mary Alcey Duke.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Washington</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>Oct</i> ^{Month}	<i>28</i> ^{Day}	<i>61</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>Housekeeper</i>			Where Residing if not at place of death <i>Mt Washington</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Green Harris Duke</i>	Father's Birthplace <i>Ga.</i>				
Mother's Maiden Name <i>Elizabeth Ogil</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Mrs M E Baulch</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	<i>120</i>	How long <i>Years</i>
Immediate <i>Hemipia</i>		How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>M. S. Lovell</i>	
	Address <i>Adlington</i>	
Accident or Suicide? <i>—</i>		

Frederick Tud
Oct. 20/907
Wm. L. L.

Name
in
Full

Cath E Dürmer

CERTIFICATE OF DEATH

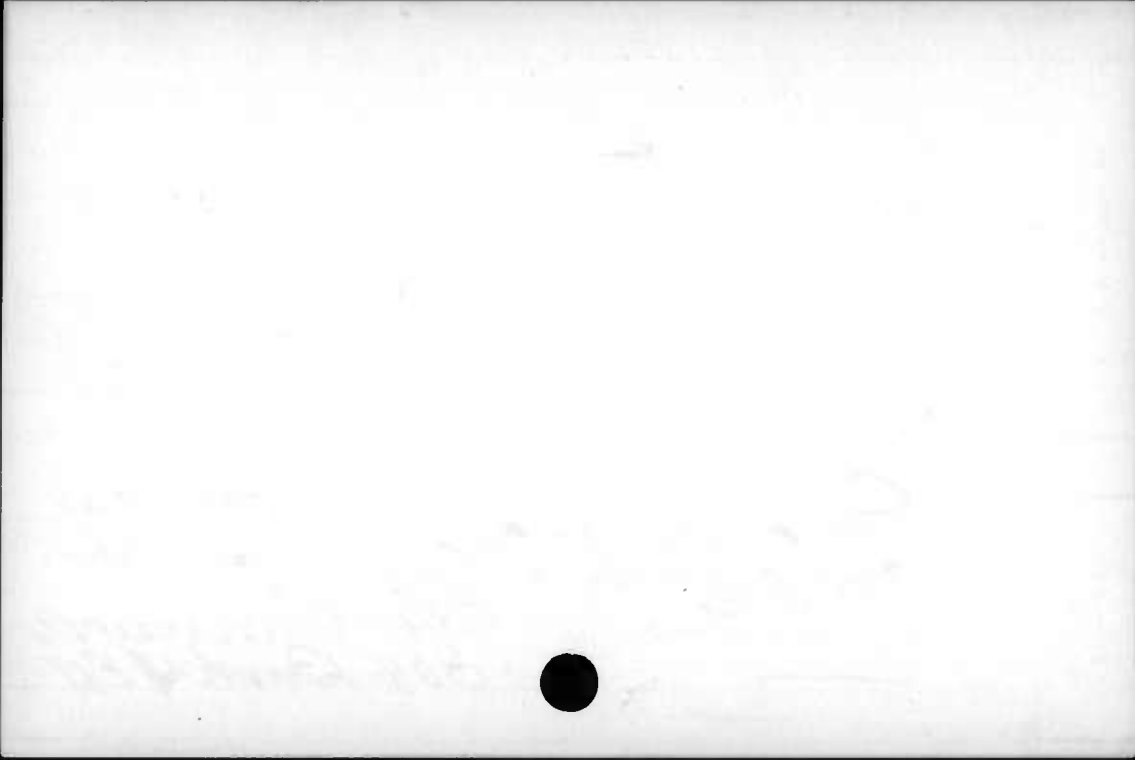
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fullerton</i> <small>Town</small>		<i>Balt</i> <small>County</small>		MARYLAND	
Date of death <i>1904</i>	<i>oct</i> <small>Month</small>	<i>14</i> <small>Day</small>	Age <i>67</i> <small>Years</small>	<i>1</i> <small>Months</small>	<i>19</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Germany</i>		
Occupation <i>Housework</i>	Where Residing if not at place of death <i>Fullerton</i>				
Married, Single or Widowed <i>at</i>	Name of Wife or Husband <i>August Dürmer</i>				
Father's Name <i>Jos</i>	<i>Brockheiser</i>			Father's Birthplace <i>Germany</i>	
Mother's Maiden Name <i>Not Known</i>				Mother's Birthplace <i>"</i>	
Name of person giving information <i>Cherie Laccabue</i>				How related to deceased <i>Daughter</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Grip & Dysentery</i>	10	How long <i>2 week</i>
Immediate <i>Pneumonia</i>		How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Am D Core</i>	
	Address <i>Gardenville</i>	
Accident or Suicide?		



Name
In
Full

Maurice E. Eckstein

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Highlandtown</i>		^{County} <i>Balto</i>		MARYLAND	
Date of death	190 <i>7</i>	Month <i>10</i>	Day <i>27</i>	Age <i>2</i>	Months <i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Cranbury</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>431 Center Pl.</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Chas. F. Eckstein</i>		Father's Birthplace <i>Balto</i>			
Mother's Maiden Name <i>Catherine Smith</i>		Mother's Birthplace <i>a a bo</i>			
Name of person giving information <i>Chas. F. Eckstein</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>6 day</i>
Immediate <i>Confection Soap</i>	How long <i>for hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. W. Carney M.D.</i>
<i>—</i>	Address <i>304 Bond St. ETO</i>
Accident or Suicide? <i>—</i>	

Oak Lawn Cemetery
Herwig & Son
10/29/07

Name
in
Full

Not Named (Infant) Ensor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Freedland		County Baltimore		MARYLAND		
Date of death		1907	Month Oct.	Day 25	Age no	Years no	Months no	Days 4 hrs.
Sex Female		Color or Race white		Birth-place Maryland.				
Occupation none				Where Residing if not at place of death —				
Married, Single or Widowed Single		Name of Wife or Husband —						
Father's Name Herbert Ensor		Father's Birthplace Md.						
Mother's Maiden Name Mellie Horhall		Mother's Birthplace Md.						
Name of person giving information Herbert Ensor		How related to deceased Father.						

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Premature Birth.	How long	—
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Jas L. Fagle.	
		Address New Freedland, Pa.	
Accident or Suicide?			

15



Funeral at Texas

Cost 25⁰⁰
" "

M. C. Brooks

Name
in
Full

Andrew Foertschbeck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Canton		County Balto		MARYLAND				
Date of death		1907	Month Oct.	Day 9 th	Age 1	Years	Months —	Days —		
Sex		Male		Color or Race		White		Birth- place	Balto Co.	
Occupation				None					Where Residing if not at place of death	
Married, Single or Widowed		Single		Name of Wife or Husband						
Father's Name		John Foertschbeck						Father's Birthplace		Germany
Mother's Maiden Name		Margaret Riessig						Mother's Birthplace		11 11
Name of person giving In formation		John Foertschbeck						How related to deceased		Father

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	Acute Bronchitis	How long	10 days
Immediate	Emphysema	How long	one day

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

D.W. Jones

Address

3116 Edgemoor St

Accident or Suicide?

Sacred Heart Cemetery

Oct 10th 1907

Germanus France

Undertaker.

Name

in
Full

Mary E Foreman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

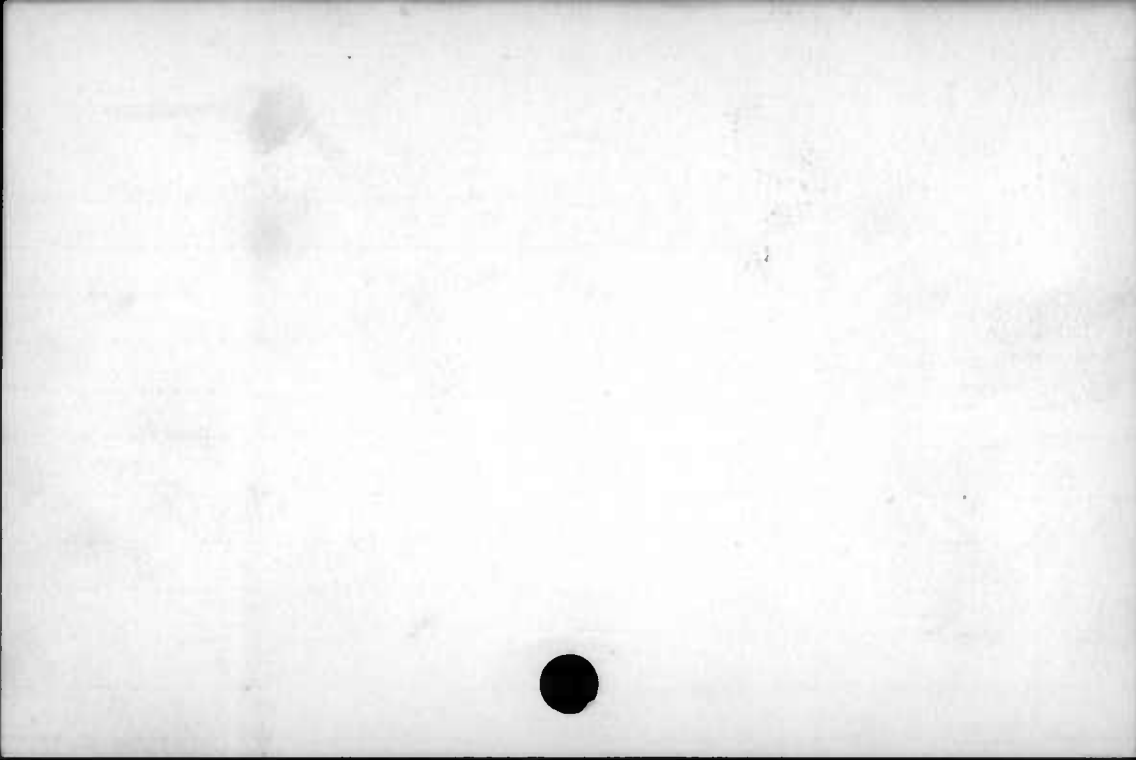
Died at <i>Seaside Park</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1907	Month <i>Oct</i>	Day <i>10</i>	Age <i>61</i>	Months <i>1</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Patterson</i>		
Occupation <i></i>	Where Residing if not at place of death <i>Seaside Park</i>				
Married, Single or Widowed	Name of Wife or Husband <i>Mr. A. Foreman</i>				
Father's Name <i>Jacob Foreman</i>	Father's Birthplace <i></i>				
Mother's Maiden Name <i></i>	Mother's Birthplace <i></i>				
Name of person giving information <i>Frank M. Jones Jr</i>	How related to deceased <i>Son in law</i>				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Acute Double Pneumonia</i>	How long <i>Eight Days</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. Zipp M.D.</i>
	Address <i>3050 N North Ave</i>
Accident or Suicide? <i></i>	



Name
in
Full

William J. Foster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

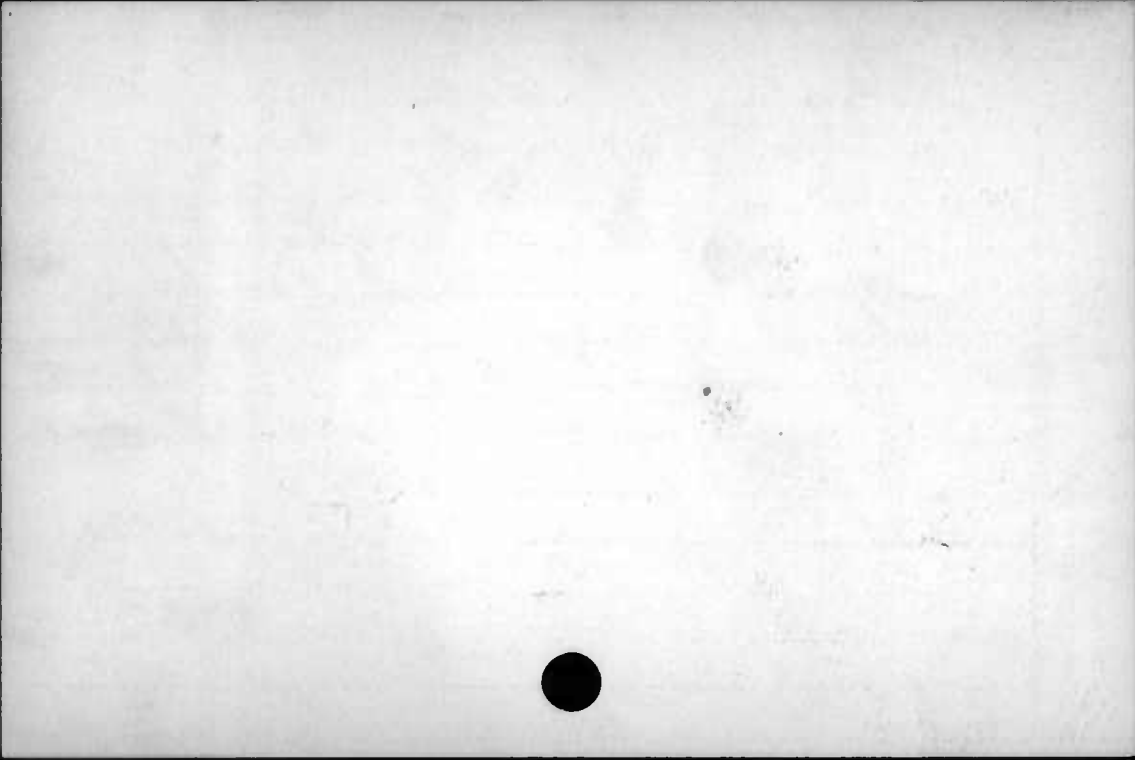
Died at <i>Arlington</i> ^{Town}		<i>Bald.</i> ^{County}		MARYLAND	
Date of death 190	<i>7</i> ^{Month} <i>Oct</i>	<i>8</i> ^{Day}	Age <i>71</i> ^{Years}	<i>8</i> ^{Months}	<i>3</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>	Birth- place <i>Virginia</i>			
Married, Single or Widowed <i>Widower</i>		Occupation <i>Carpenter</i>			
Name of Wife or Husband <i>Jane C. Foster</i>					
Father's Name <i>James A. Foster</i>		Father's Birthplace <i>Virginia</i>			
Mother's Maiden Name <i>Hannah C. Belgin</i>		Mother's Birthplace <i>Virginia</i>			
Name of person giving In formation <i>Chas. A. Foster</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary <i>Old age</i>	How long —
Immediate <i>Cholera Morbus</i>	How long <i>5 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. Grant M.D.</i>
	Address <i>2020 W. North Ave</i>
Accident or Suicide? <i>No</i>	<i>Baltimore Md</i>



Name
in
Full

Mrs. Annie V. Franklin,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Reisterstown</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i> <small>Month</small>	<i>October</i> <small>Day</small>	<i>23</i> <small>Years</small>	<i>40</i> <small>Months</small>	<i>4</i> <small>Days</small>
Sex <i>female</i>	Color or Race <i>White</i>		Birth-place <i>Balto. County</i>		
Occupation <i>Housework</i>	Where Residing If not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Walter B. Franklin</i>				
Father's Name <i>John W. Carter</i>	Father's Birthplace <i>Balto. County</i>			Mother's Birthplace <i>Ireland</i>	
Mother's Maiden Name <i>Annie C. Allen</i>	Name of person giving information <i>Katherine Carter</i>			How related to deceased <i>Sister</i>	

CAUSES OF DEATH

138

PHYSICIAN
OR CORONER

Primary <i>Puerperal Eclampsia</i>	How long <i>24 hrs.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. M. Blader</i>
	Address <i>Reisterstown Md</i>
Accident or Suicide?	



Name
in
Full

Unnamed

Fredericks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Parkston</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>October</i>	Day <i>10</i>	Age <i>0</i>	Months <i>0</i> Days <i>0</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Parkston Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Charles H. Fredericks</i>		Father's Birthplace <i>Parkston Md</i>		<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">S</div>	
Mother's Maiden Name <i>Minnie B. Copenhagen</i>		Mother's Birthplace <i>Baltimore Md</i>			
Name of person giving information <i>Charles H. Fredericks</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature Birth</i>	How long	<i>About the</i>
Immediate	<i>caused by fall of Mother</i>	How long	<i>eight months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. H. Leysie MR</i>	
		Address <i>Parkston Md</i>	
Accident or Suicide? <i>—</i>			



Name
In
Full

Arthur Gaecklein

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Highlandtown</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death	190 <u>7</u> ^{Month}	<u>10</u> ^{Day}	<u>25</u> ^{Age}	<u>5</u> ^{Months}	<u>8</u> ^{Days}
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	
Occupation	<u>—</u>			Where Residing if not at place of death <u>310 Mt Pleasant</u>	
Married, Single or Widowed	<u>—</u>	Name of Wife or Husband <u>—</u>			
Father's Name	<u>John Gaecklein</u>			Father's Birthplace	<u>Germany</u>
Mother's Maiden Name	<u>Mary Kleinlein</u>			Mother's Birthplace	<u>Balto</u>
Name of person giving information	<u>John Gaecklein</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

Primary	<u>Marasmus</u>	How long	<u>3 wks.</u>
Immediate	<u>Insanition</u>	How long	<u>2 wks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes.</u>	Signature of Physician	<u>Dr. F. A. Blantz</u>
		Address	<u>41 Eastern Ave Ed.</u>
Accident or Suicide?			

PHYSICIAN
OR CORONER

St. Alphonsus Bern

J Herwig & Son

10/26/07

Name
in
Full

Elizabeth Gerbig

CERTIFICATE OF DEATH

Died at ^{Town} Lanesville^{County} Baltimore

MARYLAND

Date of death 1907 Oct

Day 12

Age 38

Months

Days

Sex Female

Color or Race

White

Birth-place

Germany

Occupation Housewife

Where Residing if not at place of death

Lanesville

Married, Single or Widowed Married

Name of Wife or Husband

Jacob Gerbig

Father's Name

John Mueller

Father's Birthplace

Germany

Mother's Maiden Name

not known

Mother's Birthplace

Germany

Name of person giving information

Jacob Gerbig

How related to deceased

Husband

CAUSES OF DEATH

79

Primary Valvular disease of the heart

How long several years

Immediate Heart disease

How long " "

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

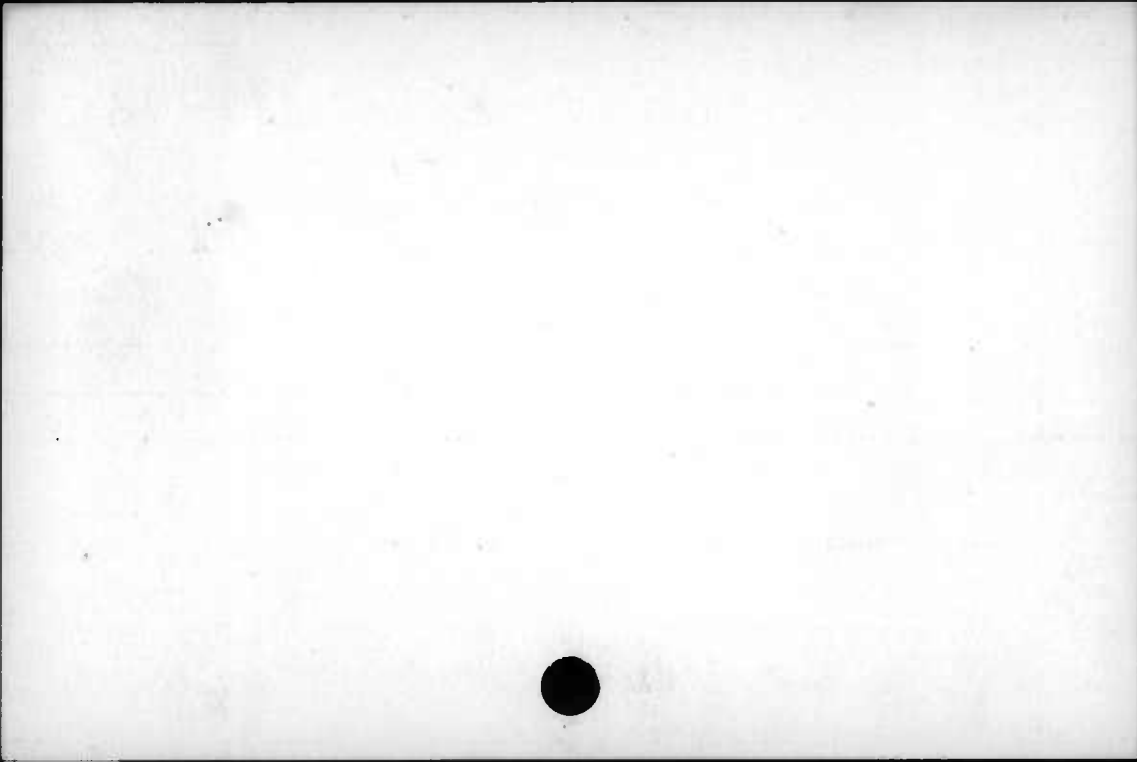
E. G. E. Vogler M.D.

Address

Hamilton ave + Harford Rd.

Accident or Suicide?

Natural



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Forelands</u> ^{Town}		<u>Ballo</u> ^{County}		MARYLAND	
Date of death 1907	<u>Oct</u> ^{Month}	<u>2</u> ^{Day}	<u>18</u> ^{Age}	<u>1</u> ^{Months}	<u>13</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Married, Single or Widowed <u>Single</u>	Occupation <u>Farmer</u>				
Name of Wife or Husband					
Father's Name <u>Charles J. Gessford</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Annie M. Briggs</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Annie M. Briggs</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u>	<u>(27)</u>	How long <u>about 2 yrs.</u>
Immediate <u>—</u>		How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>Jas. L. Yagle</u>	
	Address <u>New Freedom, Pa.</u>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Charles H. Gill</i>		Town <i>worthing's valley</i>		County <i>Balto</i>		State <i>MARYLAND</i>	
Died at <i>worthing's valley</i>		Date of death <i>1907 Oct 7</i>		Age <i>7</i>		Months <i>2</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Balto, co. Md</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>Harvey Gill</i>		Father's Birthplace <i>Balto, co. Md</i>					
Mother's Maiden Name <i>Sarah Baumblich</i>		Mother's Birthplace <i>Balto, co. Md</i>					
Name of person giving information <i>Harvey Gill</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>6 weeks</i>
Immediate	<i></i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. R. Baumblich</i>	
		Address <i>Glyndon</i>	
Accident or Suicide? <i></i>			

To be Buried at Carroll
church.

Name
In
Full

Leonard F. Goeler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Oct.</i>	Day	<i>30</i>
Age		Years		Months	<i>3</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birthplace	<i>Ind.</i>
Occupation		<i>None</i>			
Where Residing if not at place of death		<i>_____</i>			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>_____</i>			
Father's Name	<i>Frank Goeler</i>			Father's Birthplace	<i>Ind.</i>
Mother's Maiden Name	<i>Martina Bagkowski</i>			Mother's Birthplace	<i>Ind.</i>
Name of person giving information	<i>Martina Goeler</i>			How related to deceased	<i>mother</i>

CAUSES OF DEATH

(92)

PHYSICIAN
OR CORONER

Primary	<i>Broncho Pneumonia</i>	How long	<i>one week</i>
Immediate	<i>Heart Failure</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>W. L. Burke M.D.</i>	
Address		<i>304 2 Hudson St</i>	
Accident or Suicide?			

Sacred Heart Cemetery

Nov. 10th 1907

Germanus France

Under table

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Highlandtown</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death <i>1907</i>		^{Month} <i>Oct</i>	^{Day} <i>23</i>	^{Years} <i>51</i>	^{Months} <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Dont know</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>No residence (tramp)</i>			
Married, Single or Widowed <i>Dont know</i>		Name of Wife or Husband <i>Dont know</i>			
Father's Name <i>Dont know</i>		Father's Birthplace <i>Dont know</i>			
Mother's Maiden Name <i>Dont know</i>		Mother's Birthplace <i>Dont know</i>			
Name of person giving information <i>Officer Spann</i>		How related to deceased <i>None</i>			

CAUSES OF DEATH

166

^{Primary} <i>Run over by Perm Rail</i>	How long <i>—</i>
^{Immediate} <i>Road Train</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>David A Thompson</i>
	Address <i>1500 Highland Ave</i>
Accident or Suicide? <i>Accident</i>	<i>Baltimore Co Md</i>

Christian Hesse - removal

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>George Harwood Griffith</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Roland Park</i>		City <i>Baltimore</i>		State <i>Maryland</i>	
Date of death <i>1907</i>	Month <i>Oct-</i>	Day <i>26</i>	Age <i>34</i>	Years <i>7</i>	Months <i>10</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Baltimore Md.</i>			
Occupation <i>Salesman</i>	Where Residing if not at place of death <i>Roland Park Md.</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>William R. Griffith</i>				
Father's Name <i>William R. Griffith</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Mary E. Brewer</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Col. W. R. Griffith</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

34

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of Bladder & Lungs</i>	How long <i>2 years</i>
Immediate <i>& exhaustion</i>	How long <i>1 1/2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. Gibson Porter</i>
	Address <i>Roland Park Md.</i>
Accident or Suicide? <i>No</i>	

St John Cemetery Wabto City

Oct 27 1907

Wm E. Chenoweth & Son

919 3rd Ave Hampden

Residence 723 Euclid Ave

Name in Full		Elizabeth Haines				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Bucks Ave		County		Arrestington Betts, 8	
	Date of death		1907	Month	Oct	Day	26	
	Age		8		Years		3	
	Sex		Female		Color or Race		White	
	Occupation		Invalid		Where Residing if not at place of death		Bucks Ave -	
	Married, Single or Widowed		Widow		Name of Wife or Husband		Haines, (Edward)	
	Father's Name		Solomon Meyer		Father's Birthplace		Med	
Mother's Maiden Name		Ganter (Gordon)		Mother's Birthplace		Med		
Name of person giving information		Mr. Linder		How related to deceased		Son		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Fracture of Femur			How long		4 Weeks
	Immediate		Exhaustion & Measles			How long		2 Weeks
	Are the name, age, sex, color, date and place correctly given above?		Yes			Signature of Physician		W. F. Haddley
						Address		5th E. Baltimore
	Accident or Suicide?							

N. S. Marshall
35-39 Falls Road
Lphs-bury Pa.

Oct 29-17 —

Name in Full		Grace Lee Harrison				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Cotsuwell		^{County} Walto.		MARYLAND	
		Date of death 1907 Oct		Day 24		Age	
		Sex Female		Color or Race White		Birth-place Maryland	
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Walter E. Harrison		Father's Birthplace		Maryland	
Mother's Maiden Name		Carra Hayden		Mother's Birthplace		Maryland	
Name of person giving information		Carra Hayden		How related to deceased		Mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		Catarrhal jaundice		How long 1 month	
		Immediate		Gastritis		How long	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		D. H. Stultz, M.D.	
				Address		Cotsuwell, Md.	
		Accident or Suicide?					

151



Name
in
Full

Miss Lula Hawkins

CERTIFICATE OF DEATH

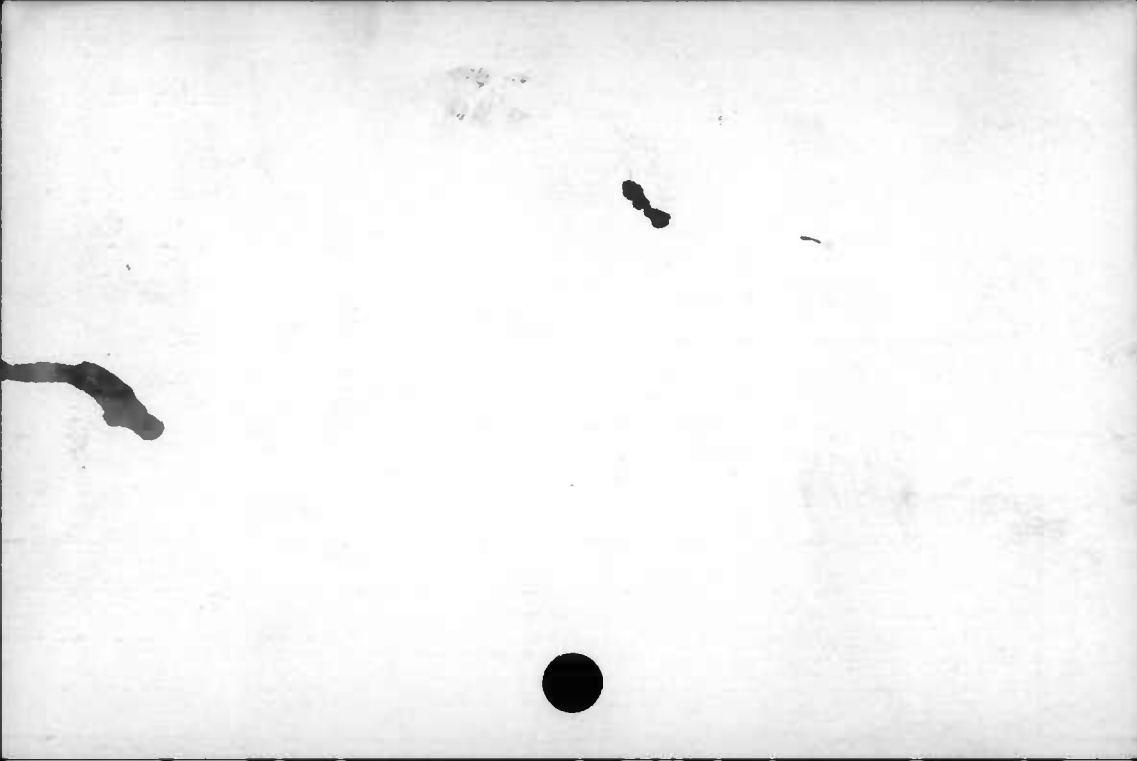
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Calonsville		County Hallowell		MARYLAND	
Date of death	1907	Month Oct.	Day 10	Age	Years 20	Months 1	Days 8
Sex	Female		Color or Race	Colored		Birth- place	Calonsville
Occupation	House work			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Jacob Hawkins					Father's Birthplace	Wt. Guilford
Mother's Maiden Name	Rebecca Elsyson					Mother's Birthplace	Tollort Co. Me.
Name of person giving In formation	Mrs R. Hawkins					How related to deceased	Mother.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis		(27)	How long	1 year
Immediate	Collapse &c			How long	10 days
Are the name, age, sex, color, date and place correctly given above?			yes	Signature of Physician	V. N. Gentry M.D.
			Address	Calonsville Me.	
Accident or Suicide?			no,	# 8 Melrose Ave.	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at *2236 Luttre St. High. - Balt.*

Date

of death

190

Month

Oct.

Day

10

Years

Age

none

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

2236 Luttre St.

Occupation

Where Residing if not
at place of death

2236 Luttre St.

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

John Herman

Father's
Birthplace

Md.

Mother's
Maiden Name

Anna Betts

Mother's
Birthplace

Md.

Name of person giving
Information

Family

How related
to deceased

Parents.

CAUSES OF DEATH

Primary

Asphyxia Neon

How long

Still birth

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

G. B. Blades
14376 / B'may.

Accident or Suicide?



Name
in
Full

Infant (Still Born) Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westport</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Oct</i>	Day <i>8</i>	Age <i>no</i>	Months <i>no</i> Days <i>no</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Westport</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Edwin C Hill</i>		Father's Birthplace <i>Baltimore</i>			
Mother's Maiden Name <i>Agnes Higginson</i>		Mother's Birthplace <i>Baltimore</i>			
Name of person giving information <i>Edwin C Hill</i>		How related to deceased <i>father</i>			

CAUSES OF DEATH

(S)

PHYSICIAN
OR CORONER

Primary	<i>Hypertension</i>	How long	<i>—</i>
Immediate	<i>Still Born</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>D. W. Plummer</i>	
		Address <i>not known</i>	
Accident or Suicide?		<i>med.</i>	

W^m Itjdon

Mt Olivet Cemetery

Name in Full		John Howard				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Warren	County Buck		MARYLAND	
	Date of death	1907	Month 10	Day 18	Age 54	Months	Days
	Sex	Male		Color or Race	White		Birth-place Warren
	Occupation	Carpenter		Where Residing if not at place of death		Warren	
	Married, Single or Widowed	Widower		Name of Wife or Husband		Don't know	
	Father's Name	John Howard				Father's Birthplace	Warren
	Mother's Maiden Name	Sarah Burton				Mother's Birthplace	Don't know
Name of person giving information	Mrs. Mary Lynch				How related deceased	Sister	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis				How long	about 3 or 4 months
	Immediate						
	Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician		B. F. Bussey	
				Address		Texas Ind.	
Accident or Suicide?							

27

Funeral Sunday 20th at
Popular.

W. C. Brooks

Dr J. R. Payne
Corbett

Balto Co
Md

Name
in
Full

CERTIFICATE OF DEATH

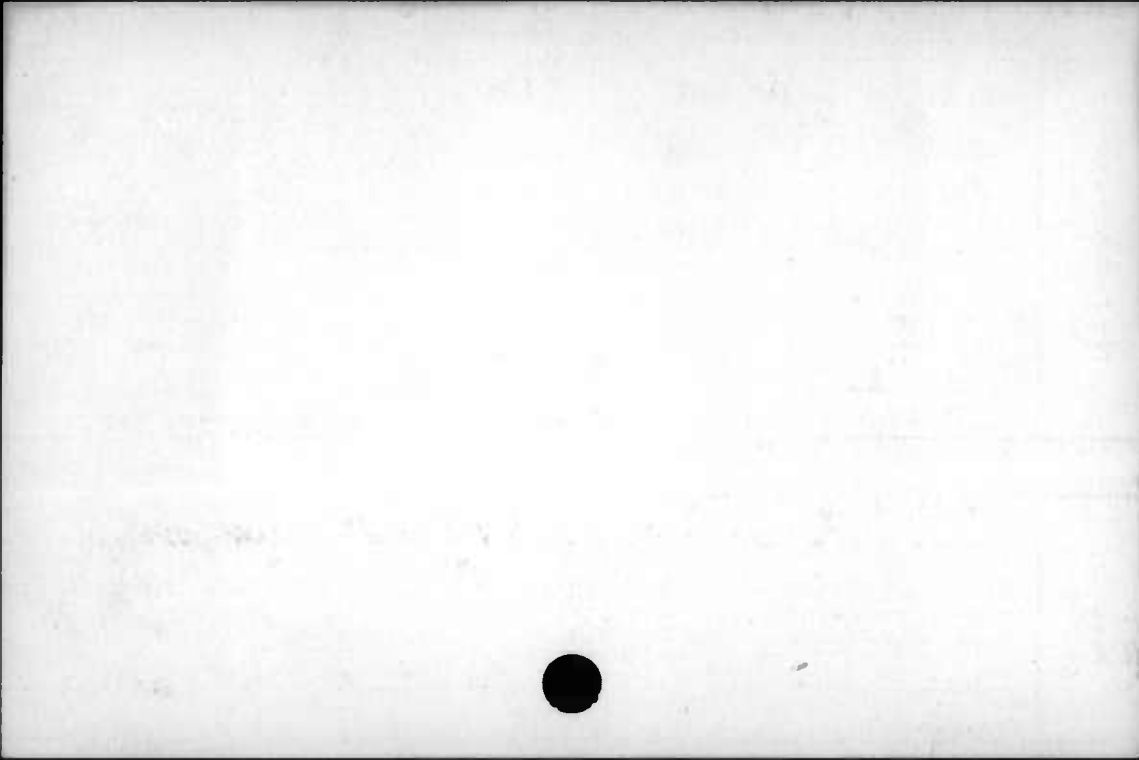
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Long Green</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907 Oct.</i>	Month <i>Oct.</i>	Day <i>27</i>	Age <i>80</i>	Years <i>80</i>	Months <i>0</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth place <i>Hanford Co. Md.</i>		
Occupation <i>Laborer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widower</i>	Name of Wife <i>Belia Moore Howard</i>				
Father's Name <i>William Howard</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Chas. Howard</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age</i>	<i>154</i>	How long <i>several years</i>
Immediate <i>General debility</i>		How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. W. S. Siew</i>
		Address <i>Witting, Md.</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Highland Park</u> ^{Town} <u>Baltimore</u> ^{County}		MARYLAND							
Date of death	1907	Month	Oct.	Day	5	Age	Years	Months	Days
Sex	Male		Color or Race	White		Birth-place			
Occupation			Where Residing if not at place of death		446 Mt Pleasant				
Married, Single or Widowed	Single		Name of Wife or Husband						
Father's Name	Harry Hughes		Father's Birthplace		Md				
Mother's Maiden Name	May E. Hall		Mother's Birthplace		Md				
Name of person giving information	Harry Hughes		How related to deceased		Father				

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	General Decay		How long	6 months
Immediate	Fell onto & Neck Fracture		How long	20
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		E. J. Jannet M. D.		
		Address		
		304 Bank of Eng		
Accident or Suicide?				

atkey

J. E. Evans
At London Park

Name
in
Full

Sarah Louise Hughes

CERTIFICATE OF DEATH

Died at Roland Park Baltimore County

MARYLAND

Date of death 1907 Oct 9 Age 6 Months 7 Days 18

Sex Female Color or Race White Birth-place Minneapolis Minn.

Occupation School girl Where Residing if not at place of death Roland Park

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name John Silver Hughes

Father's Birthplace Baltimore Md.

Mother's Maiden Name Katharine Fabricius

Mother's Birthplace Cedar Falls, Iowa.

Name of person giving Information Mrs. J. S. Hughes

How related to deceased Mother

CAUSES OF DEATH

167

Primary Ex tenuous Brain-Contriction How long 6 hours

Immediate Toxemia - Int. heat How long 6 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician M. Gibson Porter

Address Roland Park

Accident or Suicide? Accident Maryland

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

707 Angles

Place of ~~Interment~~
of Aheddeen
Yarford

"Entire trunk, arms & legs. Face only
escaped - Due to heat (Burying
Autumn leaves)"

M. S. Porter M.D.
A.K.

Name
in
Full

Samuel R Hunt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Beltzville</i>		Town <i>Balto</i>		County	
Date of death	1907	Month	Oct	Day	15
Age	3	Years	3	Months	3
Sex	Male	Color or Race	White	Birth-place	Balto Co
Occupation	Infant		Where Residing if not at place of death <i>New Sharon</i>		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Edward Hunt			Father's Birthplace	Rayville
Mother's Maiden Name	Ida Bosley			Mother's Birthplace	New Sharon
Name of person giving information	Edward Hunt			How related to deceased	Father

CAUSES OF DEATH

17

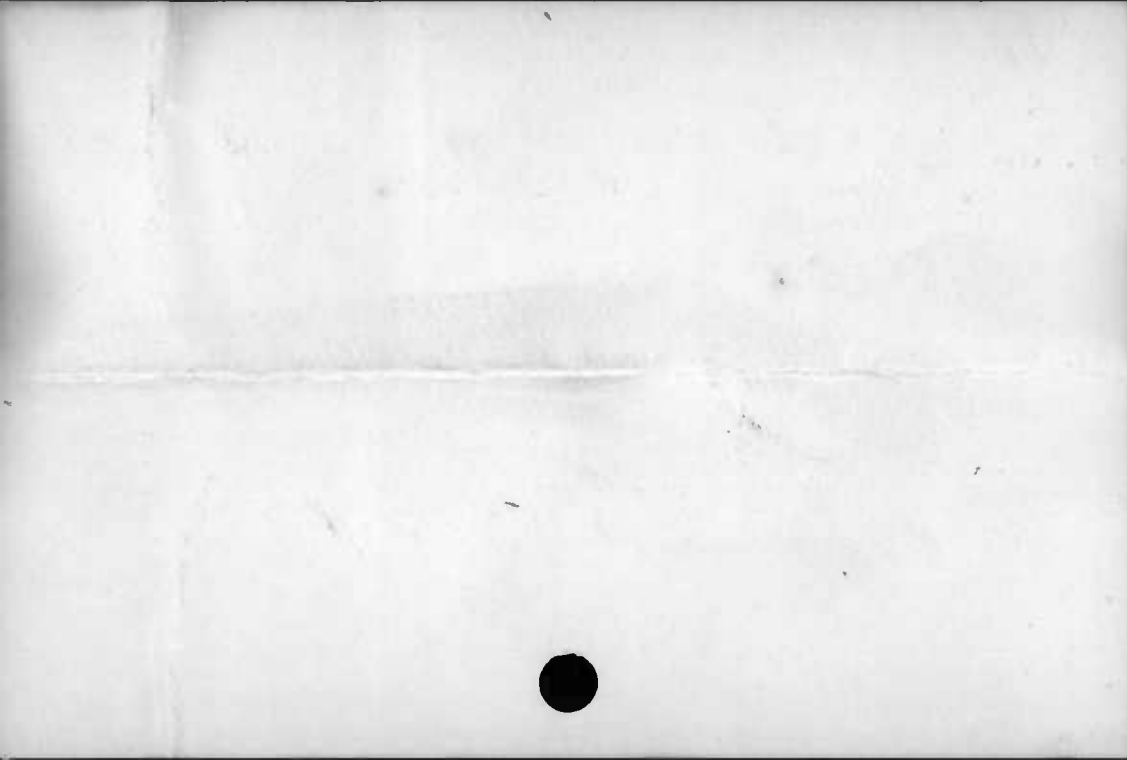
PHYSICIAN
OR CORONER

Primary	<i>Scortitica</i>	How long	<i>5 weeks</i>
Immediate	<i>Nephritis (acute Bright)</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. M. B. Benson</i>	
		Address <i>Cockeysville Md</i>	
Accident or Suicide?			

Funeral at Pleasant
Grove Thursday Oct-
15th
"

W. C. Brooks

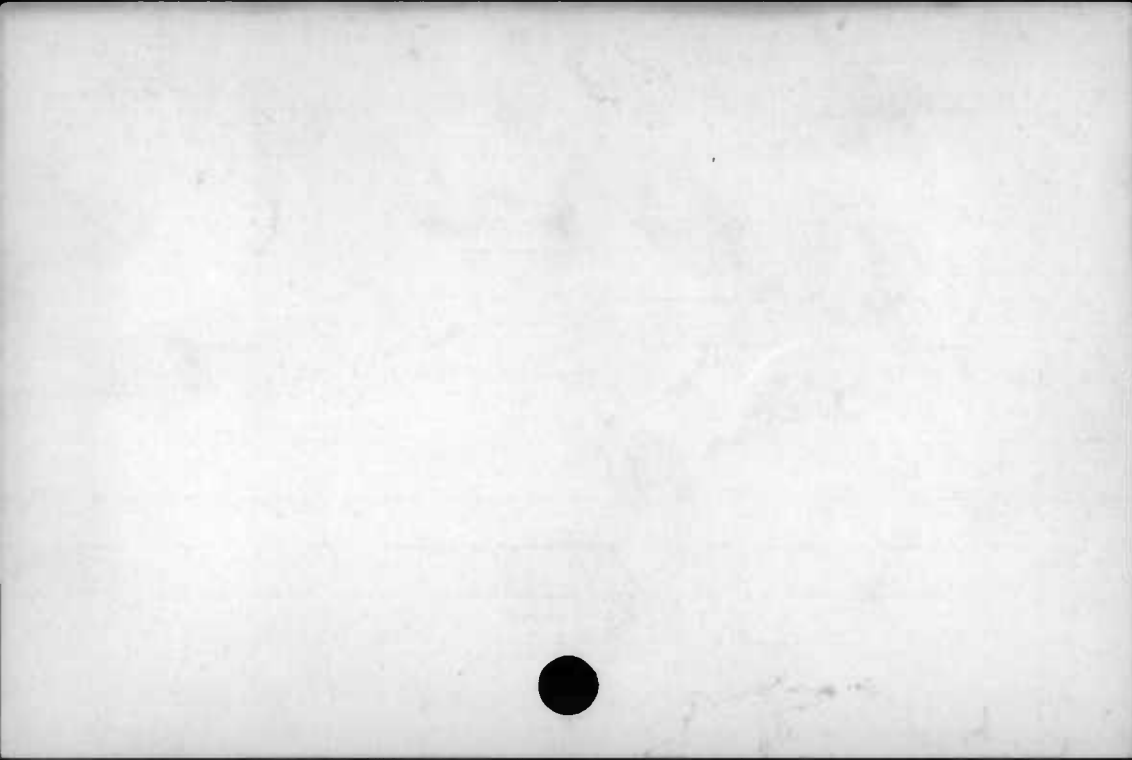
Name in Full		Albert. Huyler				CERTIFICATE OF DEATH								
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND							
	Baltimore		Co. Calumet											
	Date of death		1907	Month	10	Day	15	Age	50 yrs.	Months	Days			
	Sex		Male		Color or Race		Negro.		Birth-place		Md			
	Occupation					Laborer			Where Residing if not at place of death			at home		
	Married, Single or Widowed			Unknown			Name of Wife or Husband			Unknown				
	Father's Name			Unknown			Father's Birthplace			Unknown				
Mother's Maiden Name			Unknown			Mother's Birthplace			Unknown					
Name of person giving information			Dr. Bussey			How related to deceased								
<div>CAUSES OF DEATH</div> <div>66</div>														
PHYSICIAN OR CORONER	Primary					How long		Since his admission						
	Immediate					Paralysis		How long		mission last				
	Are the name, age, sex, color, date and place correctly given above?					Yes		Signature of Physician						
								Address						
Accident or Suicide?					No		Dr. J. C. Bussey Treas Md.							



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full Mary H Hermann		Town Rossville		County Bald		CERTIFICATE OF DEATH	
Died at		Date of death		Age		MAYLAND	
Month		Day		Years		Months Days	
Sex		Color or Race		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					
CAUSES OF DEATH				79			
Primary				How long			
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
				Address			
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

Infant. Infancy

TO BE ANSWERED BY
NEAREST FRIEND

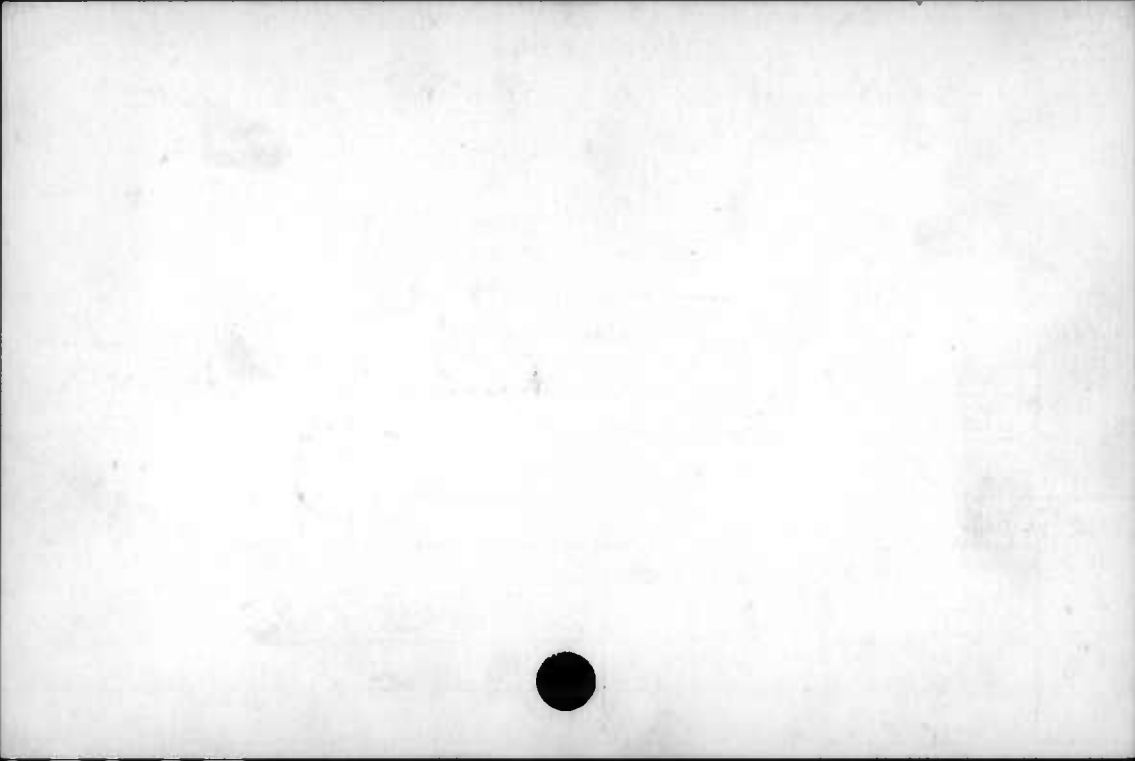
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907.		Oct.	18	no	no	no	6
Sex		Color or Race		Birth place			
female		white		not known			
Occupation		Where Residing if not at place of death					
none		not known					
Married, Single or Widowed		Name of Wife or Husband					
Infant		Infant					
Father's Name		Father's Birthplace					
Fred Infancy		Baltimore					
Mother's Maiden Name		Mother's Birthplace					
Mary Schragle		Germany					
Name of person giving information		How related to deceased					
Fred Infancy		Father					

CAUSES OF DEATH

72

PHYSICIAN
OR CORONER

Primary	Letinues	How long	2 days.
Immediate	Inward Convulsions	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		R. W. Plummer	
		Address	
		not known	
Accident or Suicide?		no	



Name
in
Full

Elizabeth Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

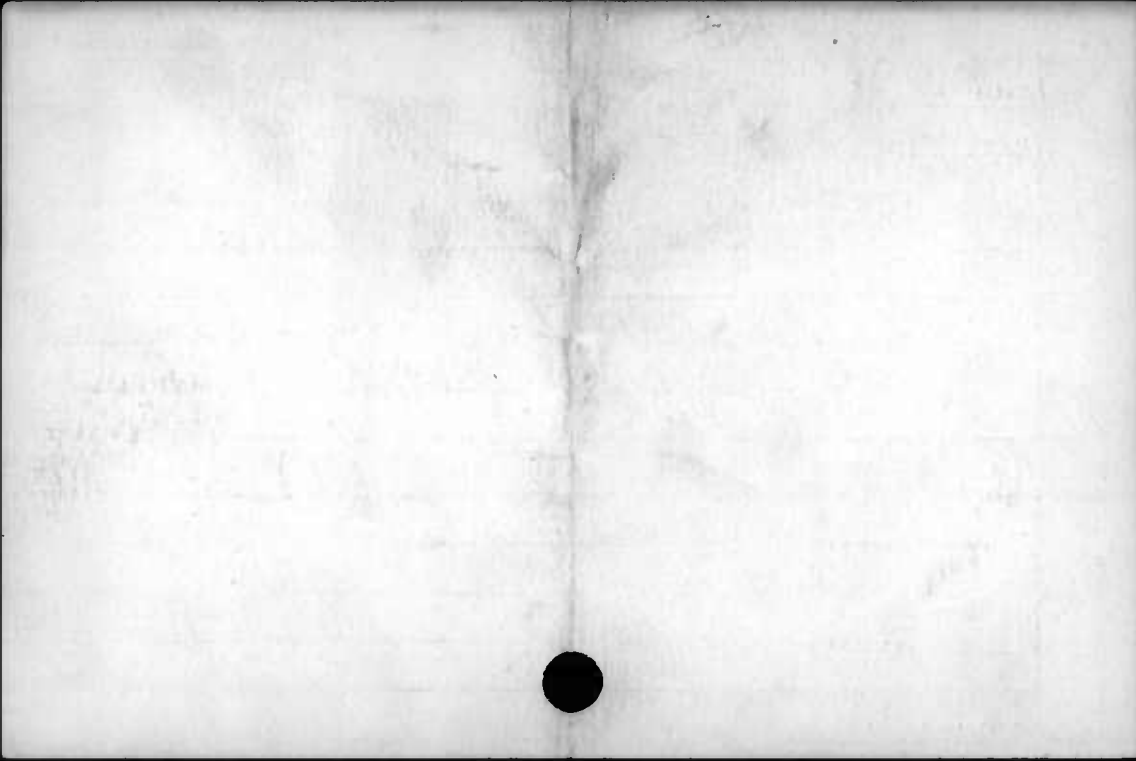
Died at <i>Pharmix</i> Town		County <i>Balto.</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>10</i>	Day <i>25</i>	Age <i>—</i>	Months <i>3</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>black</i>		Birth-place <i>Baltimore</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Charlie Robinson</i>			Father's Birthplace <i>Glenview Ind</i>		
Mother's Maiden Name <i>Stella Johnson</i>			Mother's Birthplace <i>Harford Co</i>		
Name of person giving information <i>John F Johnson</i>			How related to deceased <i>Grandfather</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>10 weeks</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>M. Shermantone M.D.</i>	
		Address <i>Glenview Ind.</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

John C. Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pikesville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>10</i>	Day <i>8</i>	Age <i>67</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>Painter</i>	Where Residing if not at place of death <i>Pikesville</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Do not know</i>				
Father's Name <i>Do not know</i>	Father's Birthplace <i>Do not know</i>				
Mother's Maiden Name <i>Do not know</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>H. St. Matthews</i>	How related to deceased <i>None</i>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis; Thrombosis</i>	How long <i>Long period</i>
Immediate <i>Valvular heart disease</i>	How long <i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. O. E. M.</i>
	Address <i>Pikesville Md.</i>
Accident or Suicide?	

Jacob H. Kragh
London Park Cemetery

Name
in
Full

Thel Birth (Kacorowski)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Brooks Hill^{County} Balto.Date
of death 1901

Month

Oct

Day

20

Age

Years

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Brooks Hill

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Joseph Kacorowski

Father's
Birthplace

Germany

Mother's
Maiden Name

Elenora Wolnicka

Mother's
Birthplace

" "

Name of person giving
Information

Joseph Kacorowski

How related
to deceased

Father

CAUSES OF DEATH

Primary

Unknown

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Mary Zablocka
871 Beacon St
Midwife

Accident or Suicide?

OCT 21 1907

Holy Rosary.

M. F. SADOWSKI,

Name
in
Full

Catherine Clark Keenan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sheenwood</i>		Town		<i>Baltimore</i>		County		MARYLAND	
Date of death <i>1907 Oct</i>		Month		Day <i>28</i>		Age <i>81</i>		Years	
Sex <i>Female</i>		Color or Race <i>Irish</i>		Birthplace <i>Ireland</i>		Months		Days	
Occupation <i>None</i>		Where Residing if not at place of death <i>Sheenwood</i>							
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>John. Keenan</i>							
Father's Name <i>John Keenan</i>		Father's Birthplace <i>Ireland</i>							
Mother's Maiden Name <i>Catherine Clark</i>		Mother's Birthplace <i>"</i>							
Name of person giving information <i>Mary Keenan</i>		How related to deceased <i>daughter</i>							

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

How long

How long

154

been
Hurt ill for
Two years

Sensitivity

Wilmer Brinton, M.D.
S.W. cor. Calvert & Pennsylvania
Balto. Md.

PHYSICIAN
OR CORONER

Am Brinton

See 10th 100
Mr. Brinton

Name
in
Full

Margaret A Kenney

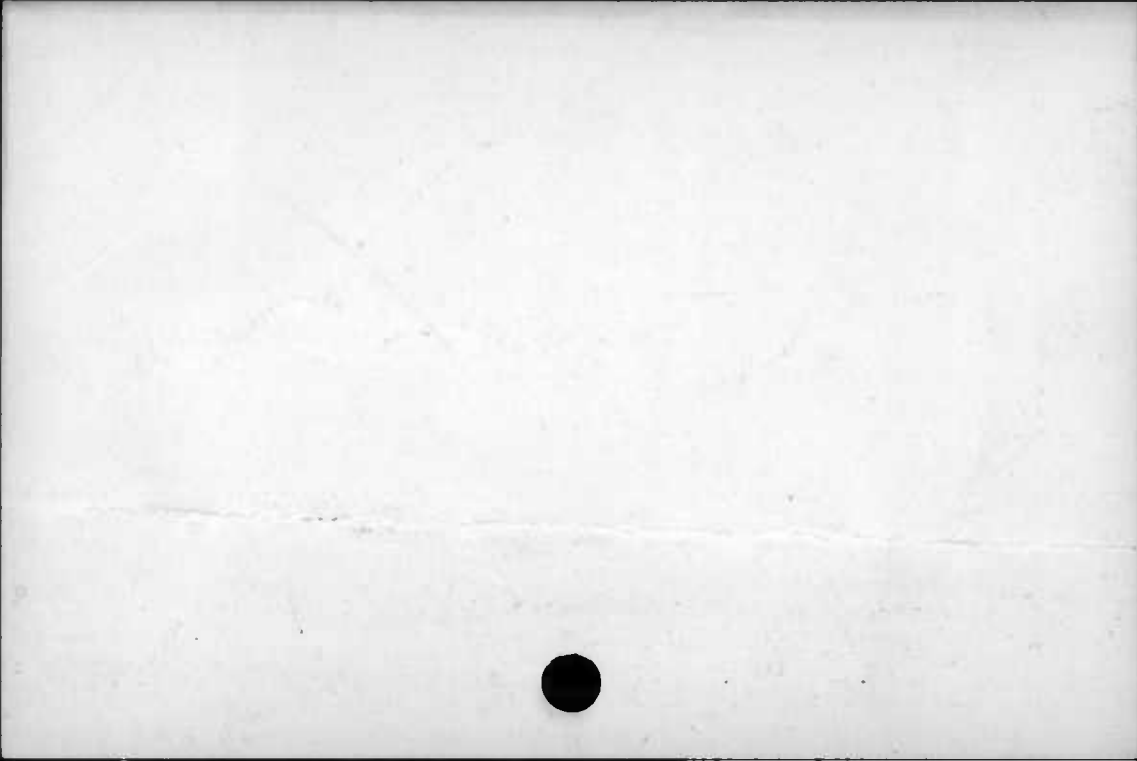
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Texas				Baltimore			
Date of death	190	Month	Day	Age	Years	Months	Days
7	10	22	58	6	22		
Sex	Female		Color or Race	White		Birth-place	Harford Co
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Married				Chas. J. Kenney			
Father's Name	Isiah Bailey					Father's Birthplace	Dothman
Mother's Maiden Name	Emma M. Cullen					Mother's Birthplace	Baltimore
Name of person giving information	John Hunter					How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Bright Disease	How long	Probably 1 yr.
	Immediate	Delayed Heart & Dropsy	How long	About 2 months
	Are the name, age, sex, color, date and place correctly given above?		Yes	
	Signature of Physician		B. T. Bursey	
Address		Texas Md		
Accident or Suicide?				



Name
in
Full

Joseph Klein

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

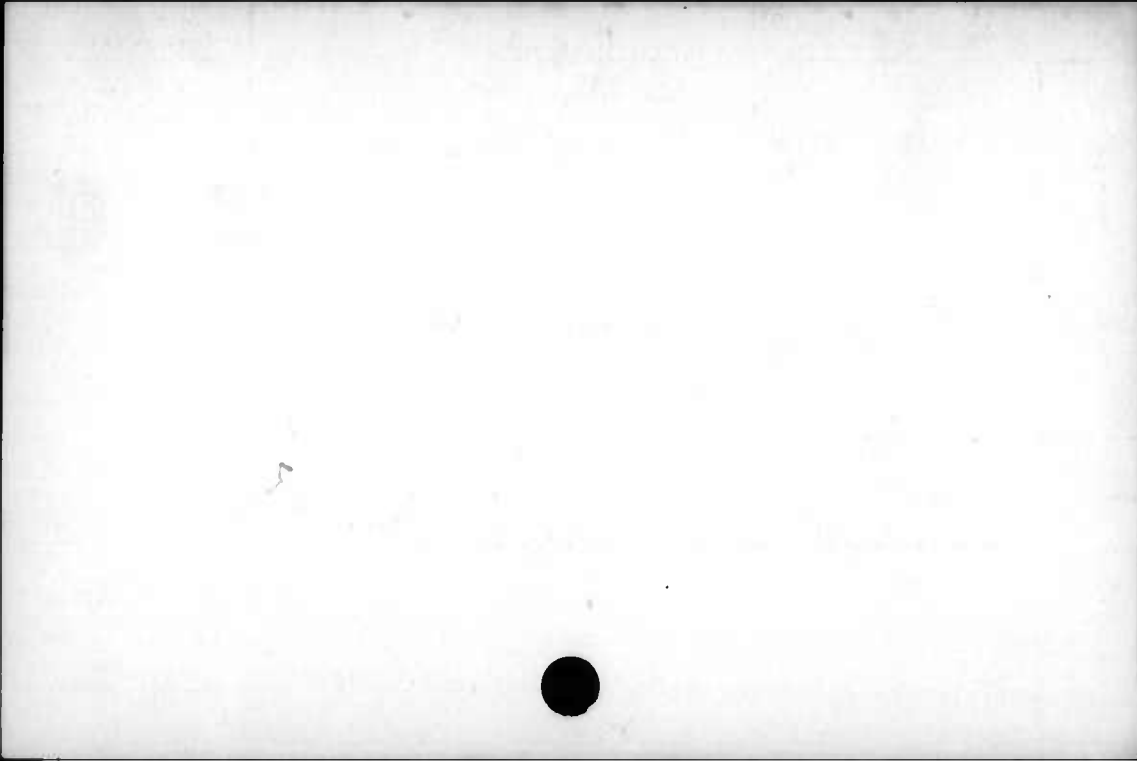
Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death		1907		Oct.		31	
Age		74		Months		6	
Sex		Male		Color or Race		white	
Occupation		shoemaker		Birth-place		Germany	
Where Residing if not at place of death							
Married, Single or Widowed		married		Name of Wife or Husband		Anne Klein	
Father's Name		Klein		Father's Birthplace		Germany	
Mother's Maiden Name		Ashmores		Mother's Birthplace		Germany	
Name of person giving information		John Klein		How related to deceased		son	

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	Cancer of Stomach	How long	1 year
Immediate	Starvation	How long	3 months
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		Thos. H. Emory, Jr.	
Address		Monteton, Md.	
Accident or Suicide?		no	



Name
in
Full

Caspar Kremer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
190		7	Oct	3	Age	64	10 2
Sex	Male	Color or Race	White		Birthplace	Germany	
Occupation	Saloon Keeper			Where Residing if not at place of death			
Married, Single or Widowed	Widowed		Name of Wife or Husband		Malasia - Kremer		
Father's Name	don't know				Father's Birthplace	Germany	
Mother's Maiden Name	don't know				Mother's Birthplace	Germany	
Name of person giving information	Theodor Kremer				How related to deceased	Son	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Bright disease, acute		How long	7 years
Immediate	regurgitation. Extensive sclerosis.		How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Cardiac syncope or asthma		
Signature of Physician		Chas. McClonahan M.D.		
Address		618 S. Clifton St.		
Accident or Suicide?		—		

Sacred Heart-Cemetery

Oct. 7th 1907

Germanus Thoma

Undertaker

Name

in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highland</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i> <small>Year</small>	<i>Oct</i> <small>Month</small>	<i>18</i> <small>Day</small>	<i>4</i> <small>Years</small>	<i>15</i> <small>Months</small>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Baltimore</i>
Occupation	<i>None</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>William Kirk</i>			Father's Birthplace	<i>Baltimore</i>
Mother's Maiden Name	<i>Magdalena Gudismuth</i>			Mother's Birthplace	<i>Baltimore</i>
Name of person giving information	<i>William Kirk</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Gastro Enteritis</i>	How long	<i>10 days</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>C. A. Meyer</i>	
		Address	
Accident or Suicide?			

Mount Carmel
H. Lander & Sons

Name
in
Full

Unnamed (Infant)

Kwint

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Stevenson		Baltimore					
Date of death	1907	Month	October	Day	29	Age	Years
						Months	
						Days	
Sex	Female			Color or Race	White		
Birth-place	Stevenson Md						
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Howard Kwint			
Father's Birthplace				Penn			
Mother's Maiden Name				Amelia Nees			
Mother's Birthplace				Md			
Name of person giving information				Howard Kwint			
How related to deceased				Father			

CAUSES OF DEATH

S

PHYSICIAN
OR CORONER

Primary	Unknown	Premature birth	How long	Eight mos
Immediate	Unknown			How long
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
			Pikesville Md	
Accident or Suicide?				



Name
in
Full

Wm. Lewis Leight

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>White Hall</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Oct.</i>	Day	<i>15</i>	Age	<i>77</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Dallastown, Pa.</i>			
Occupation <i>farmer</i>		Where Residing if not at place of death <i>White Hall</i>					
Married, Single or Widowed <i>widower</i>	Name of Wife or Husband <i>Rachel Ann Leight</i>						
Father's Name <i>Wm. Lewis Leight</i>	Father's Birthplace <i>Dallastown, Pa.</i>						
Mother's Maiden Name <i>Hartman</i>	Mother's Birthplace <i>unknown</i>						
Name of person giving information <i>Thos. W. Leight</i>		How related to deceased <i>son</i>					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>	How long	<i>9 months</i>
Immediate	<i>Heart Disease</i>	How long	<i>several years</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Thos. H. Emory M.D.</i>	
		Address <i>Monteton, Md.</i>	
Accident or Suicide? <i>no</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Kenneth M. Linick		Town Lanranville		County Balto		MARYLAND	
Died at		Date of death		Age		Months	
		1907 Oct 7		7		10	
Sex Male		Color or Race White		Birth-place Lanranville			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed Single				Name of Wife or Husband			
Father's Name Geo. J. Linick				Father's Birthplace Balto			
Mother's Maiden Name Hattie Green				Mother's Birthplace Balto			
Name of person giving information Geo. J. Linick				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dys-eolitis	105	How long	4 weeks
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
Yes		E. L. Bowles	Lanranville	
Accident or Suicide?		Balto Co.	Md.	

Feb 9/907.

William Cook
Baltimore

Name
In
Full

Loretta Lee McFee

CERTIFICATE OF DEATH

Died at ^{Town} Hamilton^{County} Baltimore

MARYLAND

Date of death 1907 October

Day 28

Age 31

Months

Days 12

Sex Female

Color or Race White

Birth-place Balto. Md.

Occupation None

Where Residing if not at place of death

Married, Single or Widowed Married

Name of Husband Harry J. McFee

Father's Name Abraham Johnson

Father's Birthplace England

Mother's Maiden Name Catherine C. White

Mother's Birthplace Balto. Md.

Name of person giving information Harry J. McFee

How related to deceased Husband

CAUSES OF DEATH

27

Primary Phthisis Pulmonalis

How long 4 months

Immediate Asthma

How long

Are the name, age, sex, color, date and place correctly given above?

Yrs.

Signature of Physician

H. W. Gaddes

Address

2631 Greenmount Ave
Baltimore Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

To be buried in
Cathedral cemetery
Baltimore, on Oct. 31st 1907
by Henry W. Mearns Jr.
7 West North Ave.

Name In Full		Phillip P. McGuire				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town 505 N. Clinton St.		County Balto		MARYLAND	
	Date of death	1907	Month Oct.	Day 1	Age 63	Months —	Days —
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Laborer		Where Residing if not at place of death		505 N. Clinton	
	Married, Single or Widowed	Married		Name of Wife or Husband		Bessie McGuire	
	Father's Name	Not known		Father's Birthplace		Ireland	
	Mother's Maiden Name	Not known		Mother's Birthplace		Ireland	
Name of person giving information	Bessie McGuire		How related to deceased		Wife		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Paralysis				How long	2 years
	Immediate	Asthma				How long	1 week
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
	Accident or Suicide?				M. J. Mcawoy 839 S. Canton Balto Md		

John J Fields
St Peters Cemetery

Name
in
Full

Francis Mc Kenzie.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *St Marys Industrial School* *Md* ^{Town} ^{County}Date of death *1907* ^{Month} *oct* ^{Day} *Oct 7* ^{Years} *Age 9*

Months

Days

Sex *male*Color or
Race*white*Birth-
place*Cumberland Md*

Occupation

*none*Where Residing if not
at place of deathMarried, Single
or Widowed*X*Name of Wife or
Husband*X*Father's
Name*Samuel McKenzie*Father's
Birthplace*unknown*Mother's
Maiden Name*unknown*Mother's
Birthplace*unknown*Name of person giving
information*Asst Paylor Md*How related
to deceased*none*

CAUSES OF DEATH

101

Primary

Acute tonsillitis with rheumatism

How long

1 week

Immediate

*Cardiac Syncope**Thru way congenital heart*

How long

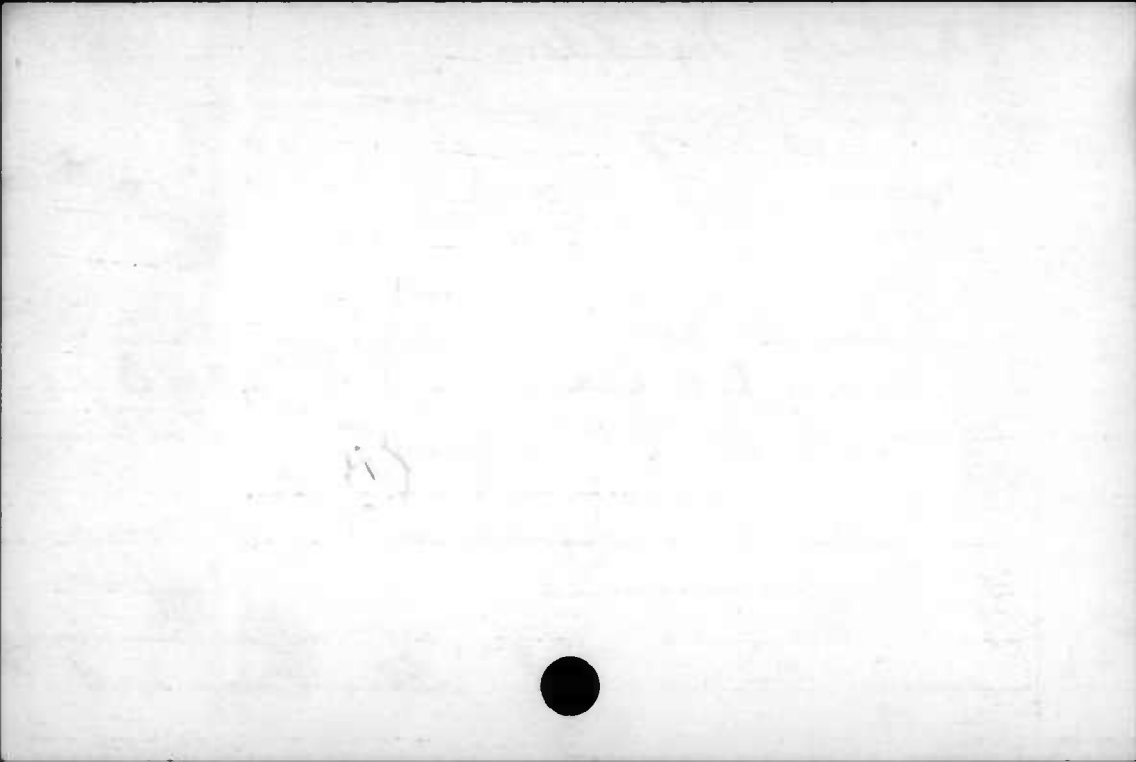
*very brief*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Asst Paylor Md*

Address

1136 W. Bayview Mall

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Robert Madden

CERTIFICATE OF DEATH

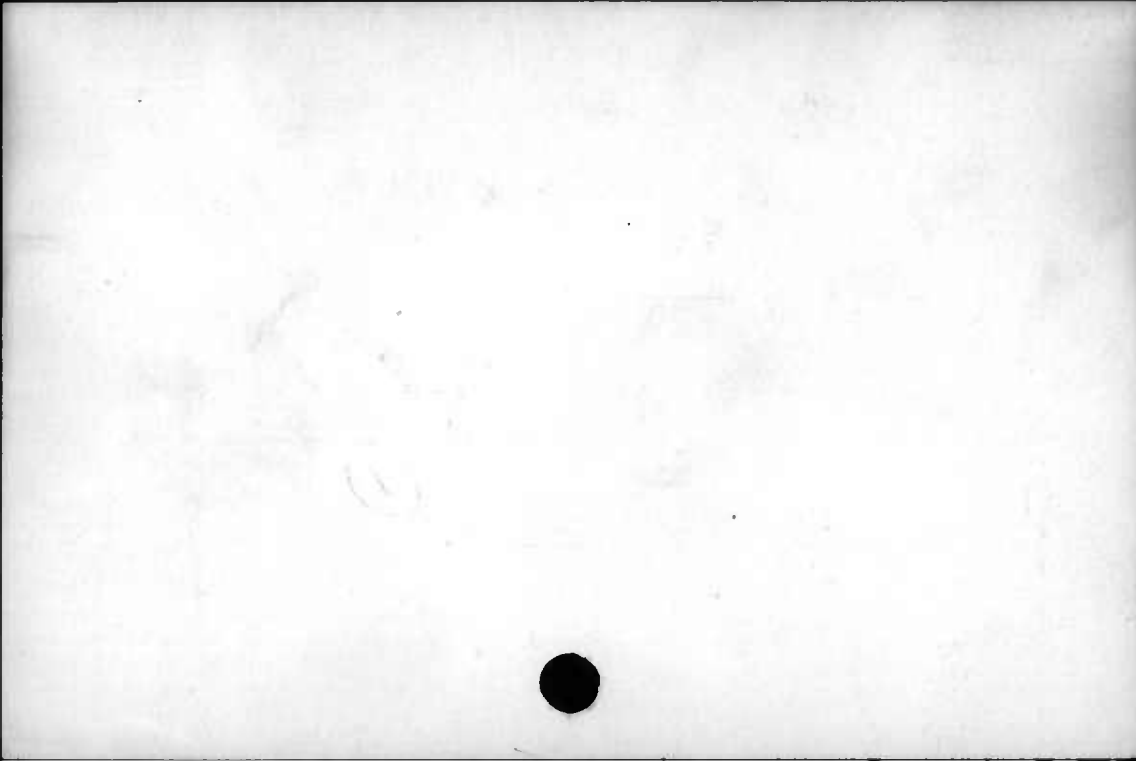
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Philopolis</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1907</i> ^{Month} <i>10</i> ^{Day} <i>7</i>		Age <i>10</i> ^{Years}		Months <i>10</i> ^{Days}	
Sex <i>male</i>		Color or Race <i>black</i>		Birth-place <i>Philopolis</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John H. Madden</i>		Father's Birthplace <i>Balto co</i>			
Mother's Maiden Name <i>Fannie J. Iler</i>		Mother's Birthplace <i>Balto co.</i>			
Name of person giving information <i>Father</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Zyphoid Pneumonia</i>	How long <i>3 weeks</i>
Immediate <i>Meningitis</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. W. Shuman</i>
	Address <i>Glenora Ind</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Charles Cornelius Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ashland</i> <small>Town</small>		<i>Balto.</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>10</i> <small>Month</small>	<i>8</i> <small>Day</small>	Age <small>Years</small>	<i>35</i> <small>Months</small>	<i>6</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Geo. S. Martin</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Bertha May Smith</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>Bertha Martin</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Myocardium</i>	<i>151</i>	How long <i>3 months</i>
Immediate <i>Exhaustion</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wihner C. Ensor</i>
		Address <i>Cockeysville Ind.</i>
Accident or Suicide? <i>2</i>		

Interment
Funeral at Busby
Cemetery Thursday

at 5-

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John T. Matthews* Town *Catonville* County *Baltimore* MARYLAND

Died at *Catonville*

Date of death 190 *7* Month *Oct* Day *6* Age *17* Years *6* Months *26* Days

Sex *Male* Color or Race *African* Birth-place *Catonville*

~~Married, Single~~ Occupation

Name of Wife or Husband

Father's Name *Charles W. Matthews* Father's Birthplace *Maryland*

Mother's Maiden Name *Annie Maria Burns* Mother's Birthplace *"*

Name of person giving information *Ida Virginia Matthews* How related to deceased *Sister*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Phthisis Pulmonalis* How long *6 months*

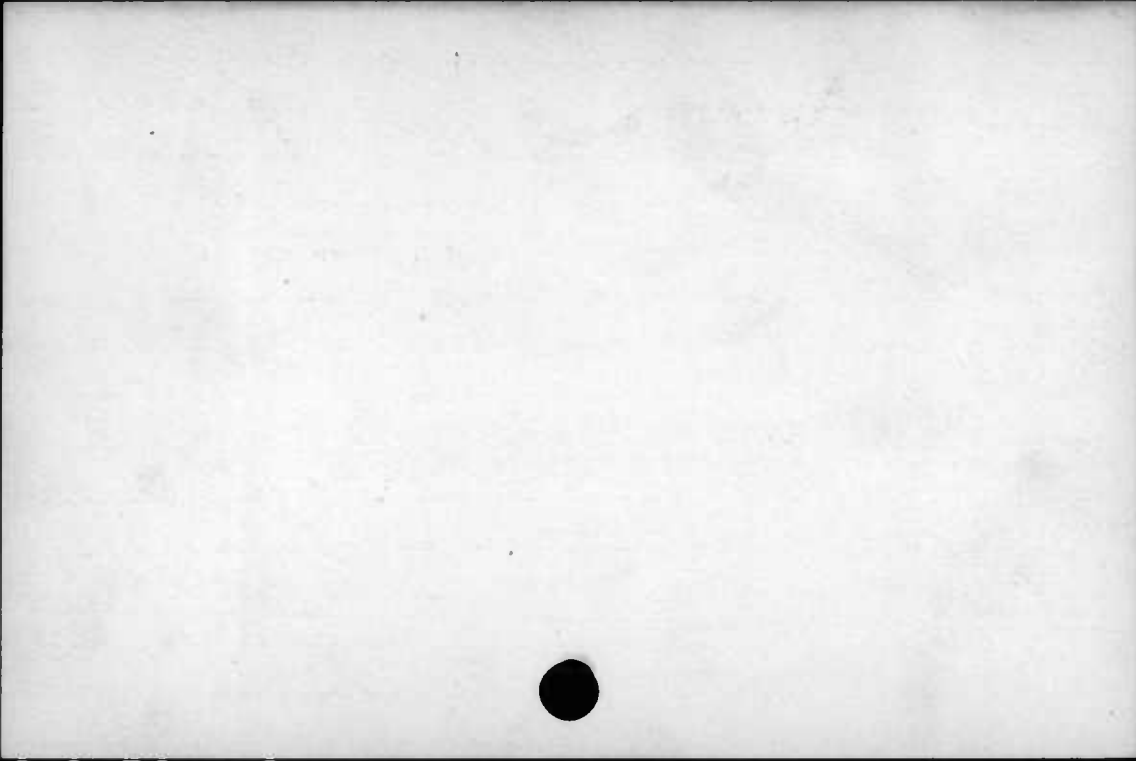
Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. Whetley*

Address *Catonville Md*

Accident or Suicide?



Name
in
Full

Robert Mitchell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Mt St Josephs CollegeCounty ^{County} Baltimore

MARYLAND

Date of death 1907 October

Day 11

Age 29 Years

Months Unknown Days Unknown

Sex Male

Color or Race White

Birth-place England

Occupation Farm Laborer

Where Residing if not at place of death Latimer P.O. Ontario

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name Unknown

Father's Birthplace Unknown

Mother's Maiden Name Unknown

Mother's Birthplace Unknown

Name of person giving information Bro Spadora Mt St Josephs College

How related to deceased none

CAUSES OF DEATH

Primary Asphyxiation from

How long about 2 1/2 hours

Immediate Suffocating Gas

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Henry B Whitley, coroner

Address

Catonsville, Md

Accident or Suicide?

Fa Nam

Name
in
Full

William Mitchell

CERTIFICATE OF DEATH

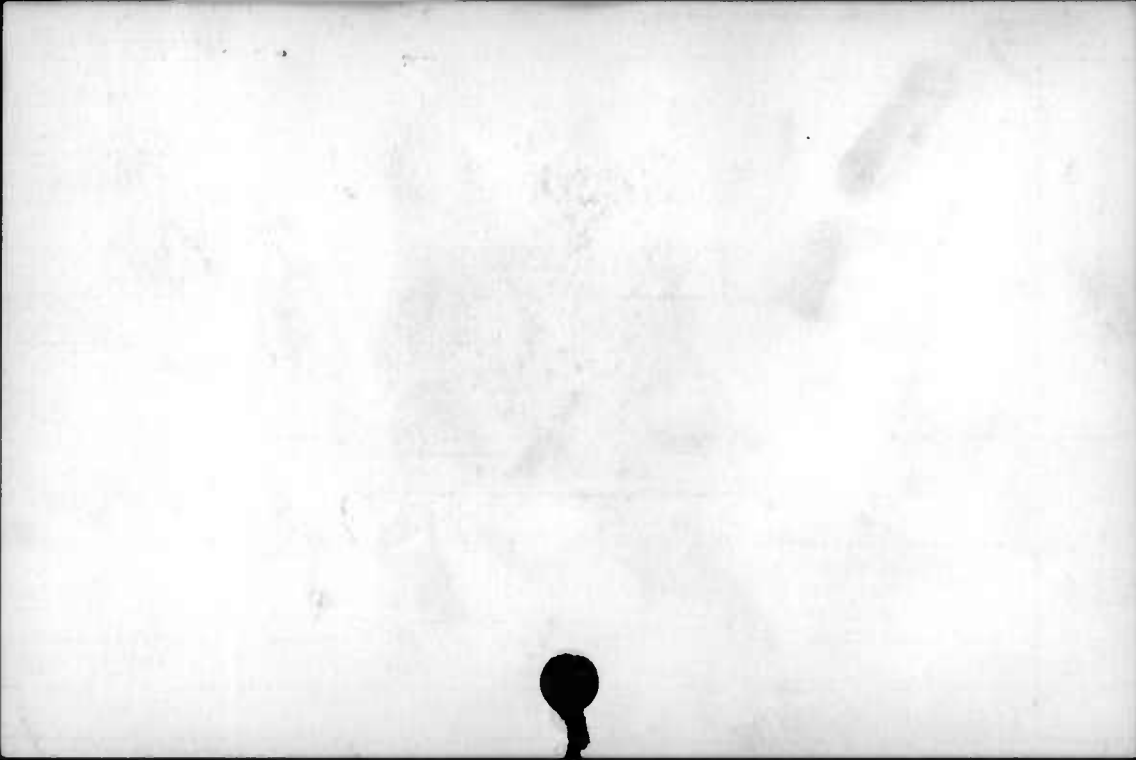
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ncker</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>Oct</i> ^{Month}	<i>12</i> ^{Day}	Age	<i>4</i> ^{Months}	<i>18</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balto.</i>		
Occupation			Where Residing if not at place of death <i>Ncker Ave.</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Stalter P. Mitchell</i>			Father's Birthplace <i>Balto.</i>		
Mother's Maiden Name <i>Louisa Lanz</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Stalter P. Mitchell</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Ileo-Colicis</i>	<i>105</i> ^{How long} <i>one week</i>
Immediate <i>Exhaustion</i>	<i>3 days</i> ^{How long}
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Adolph G Eisenberg M.D.</i>
	Address <i>2213 Orleans St</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Richard Montague

CERTIFICATE OF DEATH

Died at *Overlea* Town*Baltimore* County

MARYLAND

Date of death *1907* Month *OCT.*Day *4th.*Age *85.* Years

Months

Days

Sex *Male.*Color or
Race*White Male*Birth-
place*Baltimore*

Occupation

*None*Where Residing if not
at place of death~~Single~~
Widowed*Widower*Name of Wife or
Husband*Mathogene Thomas Montague*Father's
Name*William Montague*Father's
Birthplace*Me*Mother's
Maiden Name*Unknown*Mother's
Birthplace*Unknown*Name of person giving
information*Frank J Montague*How related
to deceased*Son*

CAUSES OF DEATH

Primary

Old age.

How long

154

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?*yes.*Signature of
Physician*E. H. Littwerth.*

Address

*1419 E. Eager St.**Backs M.*

Accident or Suicide?

*no*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

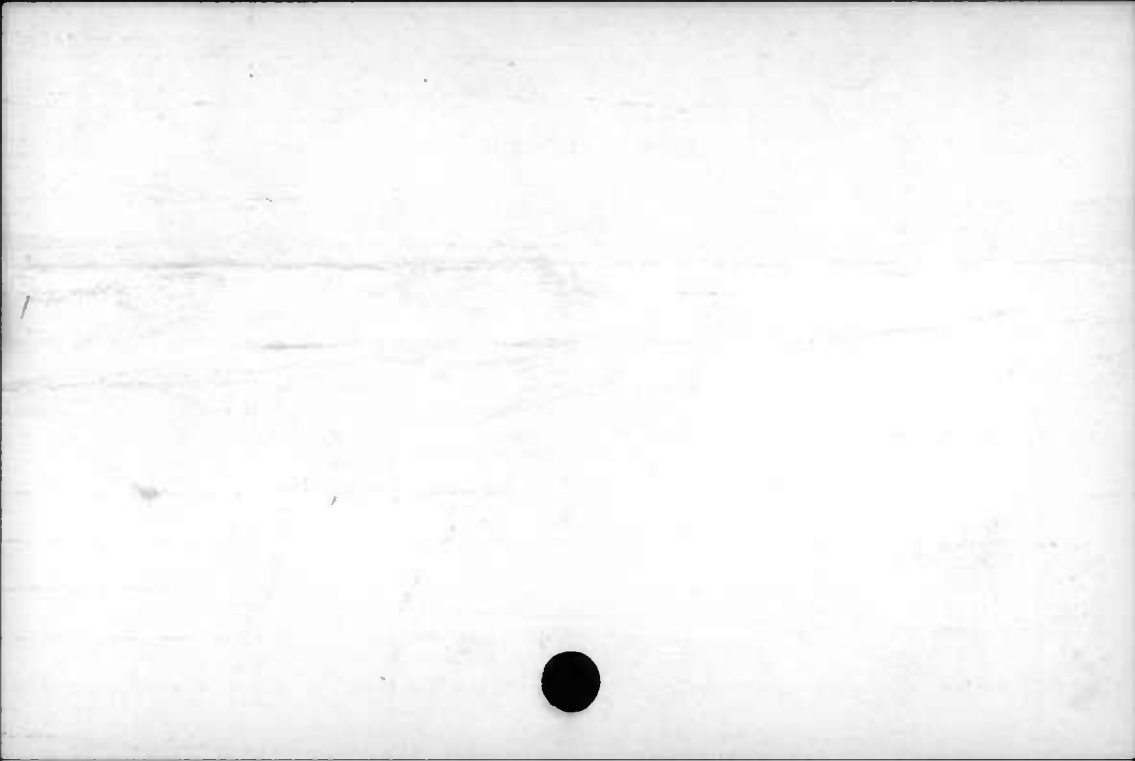
Baltimore Cemetery

October 7/1907

William Ross

602 E North Ave

Name in Full		Agnes Ethel Moore				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>new white Hall</i>		Town <i>Baltimore</i>		County	
		Date of death <i>1907</i>		Month <i>oct-</i>	Day <i>28</i>	Age <i>—</i>	Years
		Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>ind</i>	Months <i>2</i>
		Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>		Days <i>18</i>	
		Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John F. Moore</i>		Father's Birthplace <i>ind</i>		Mother's Maiden Name <i>Lavinia E. Smith</i>		Mother's Birthplace <i>S. C.</i>	
Name of person giving information <i>Lavinia E. Moore</i>		How related to deceased <i>mother</i>					
		CAUSES OF DEATH		(92)			
PHYSICIAN OR CORONER		Primary <i>Child died rather suddenly, from</i>		How long			
		Immediate <i>listy given, most probably Pneumonia</i>		How long			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. Millard Stirling</i>			
				Address <i>Shaney ind.</i>			
		Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

John Wesley Moore
Reisterstown Baltimore

MARYLAND

Died at
Date of death 1909 October 23 Age 31 Months 18 Days 19

Sex Male Color or Race Black Birth-place Carroll Co.

Occupation Laborer Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Robert Moore Father's Birthplace Virginia

Mother's Maiden Name Mary Snowden Mother's Birthplace Carroll Co.

Name of person giving information Kitty Moore How related to deceased Stepmother

CAUSES OF DEATH

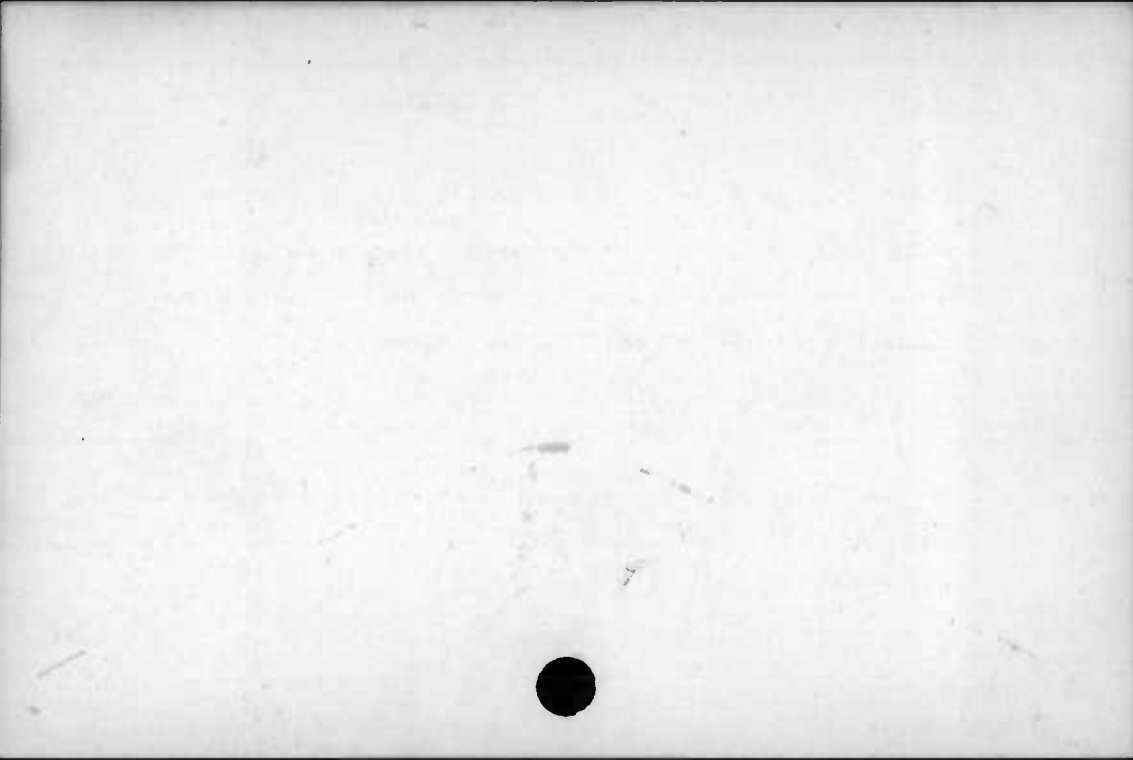
Primary Bright's Disease How long 18 mos.
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician H. M. Seader

Address Reisterstown Md.

Accident or Suicide?



Name
in
Full

Mary B Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

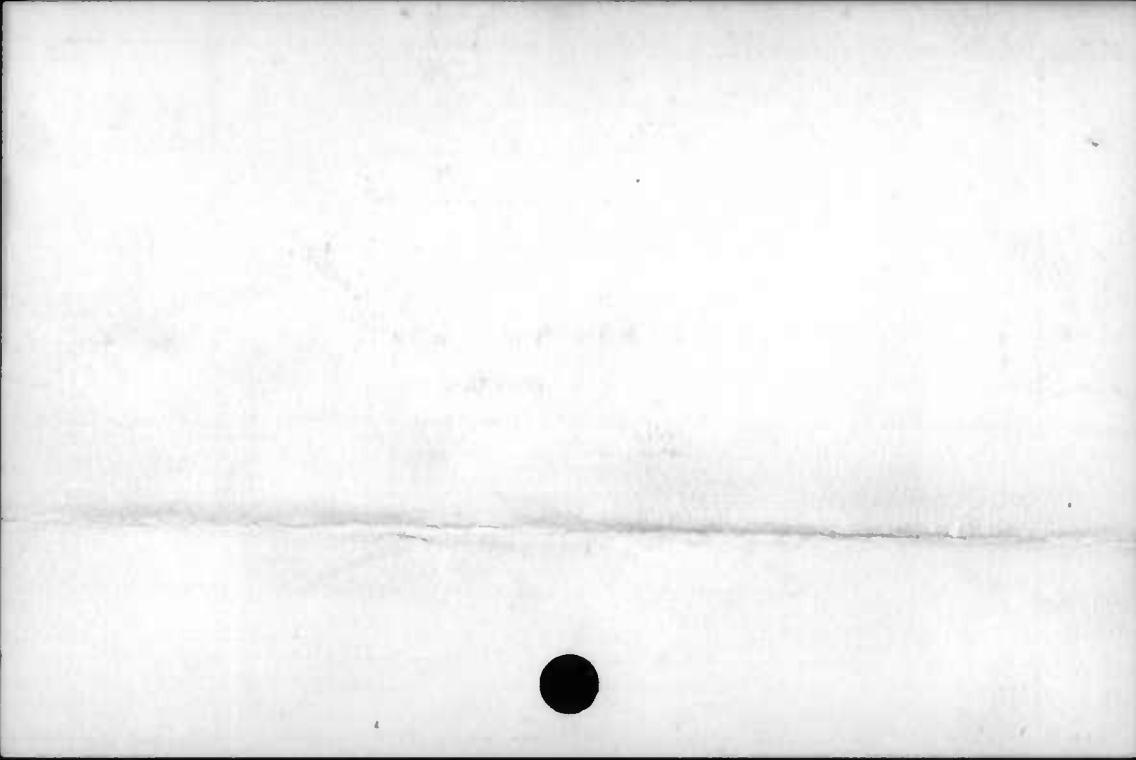
Died at <i>Freeland</i> ^{Town}		<i>Balt</i> ^{County}		MARYLAND	
Date of death <i>1907</i> ^{Month} <i>Oct</i> ^{Day} <i>12</i> ^{Age} <i>67</i> ^{Years} <i>4</i> ^{Months} <i>20</i> ^{Days}					
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md</i>			
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Nicolas Morris</i>				
Father's Name <i>Jacob H. Wilhelm</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Elizabeth Free</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Nicolas Morris</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Nephritis Chronic</i>	How long <i>6 months</i>
Immediate <i>Heart failure & drops</i>	How long <i>1 month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B R Morris</i>
	Address <i>Parson</i>
Accident or Suicide?	<i>Yes</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birthplace			
Occupation		Where Residing is not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

Funeral *Murphy*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Texas* Town*Balto.* CountyDate of death *1907 Oct.* Month

Day

Age *60* Years

Months

Days

Sex *Female*Color or Race *White*Birth-place *Ireland*Occupation *None*

Where Residing if not at place of death

~~Married, Single or Widowed~~Name of ~~Wife or~~ Husband*William Murphy*Father's Name *Unknown*Father's Birthplace *Ireland*Mother's Maiden Name *Unknown*Mother's Birthplace *Ireland*Name of person giving information *Michael Barnt*How related to deceased *Son-in-law*

CAUSES OF DEATH

104

Primary *Acute Indigestion* *Developed before I arrived*

Immediate

Are the name, age, sex, color, date and place correctly given above?

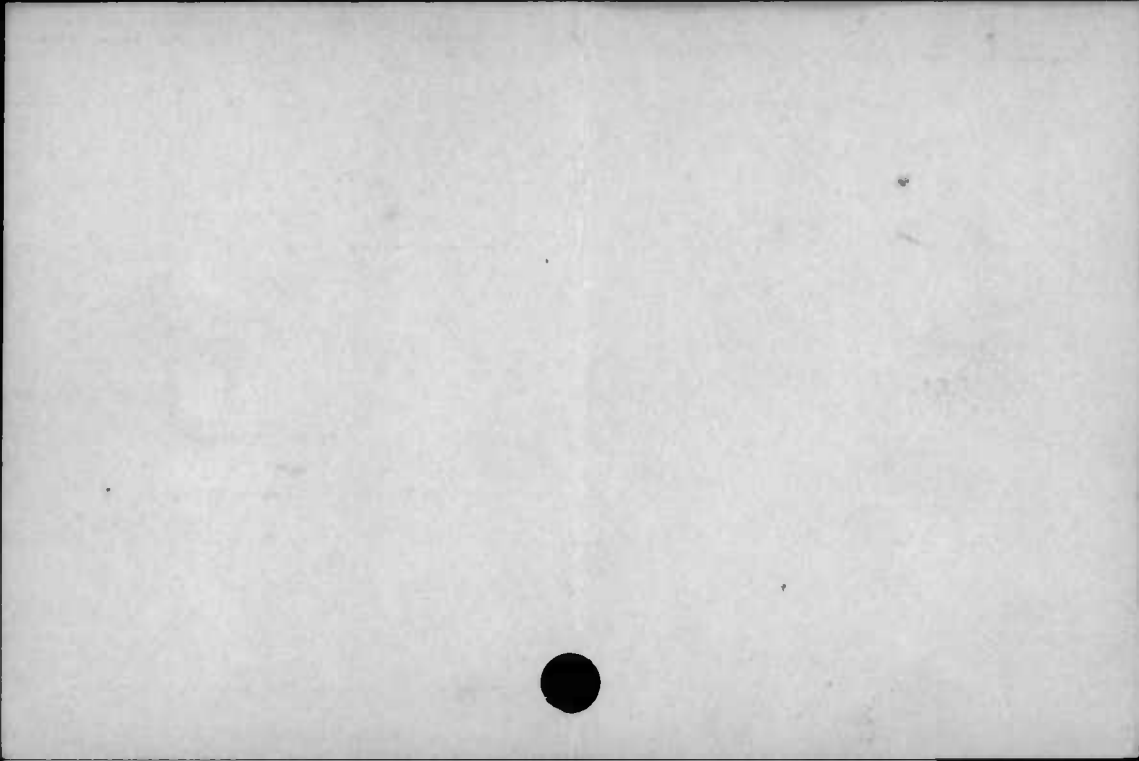
Signature of Physician

Address

Thos. B. Bussey
Texas
Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Martha A. Murphy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		6 O'Donnell St		Baltimore		MARYLAND	
Date of death	1907	Month	10	Day	22	Age	62
Sex	Female	Color or Race	White	Birth-place	Baltimore	Months	1
Occupation	Housewife		Where Residing if not at place of death		6. O'Donnell St.		
Married, Single or Widowed	Widow	Name of Wife or Husband	John P. Murphy				
Father's Name	John. Farrell			Father's Birthplace	Md		
Mother's Maiden Name	Martha A Farrell			Mother's Birthplace	Md		
Name of person giving information	George. Murphy			How related to deceased	Son.		

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary	Gangrene and Exhaustion	How long	12 hours
Immediate	Strangulated Hernia.	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Geo. L. Maxwell
	Address	3rd Gough Highlandtown.	
Accident or Suicide?	No		

Zirkler + Zirkler,
1739 E. Eager St.

— — — —

New Cathedral Bern,

Oct. 26-1907

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Davisville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>Oct</i> ^{Month}	<i>19th</i> ^{Day}	Age <i>20 or 71</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Dont Know</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Davisville Md</i>				
Married, Single or Widowed	Name of Wife or Husband <i>—</i>				
Father's Name <i>Thomas Nace</i>	Father's Birthplace <i>Dont Know</i>				
Mother's Maiden Name <i>Caroline Shipley</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Alexander Markie</i>	How related to deceased <i>Nephew</i>				

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>General break down</i>	How long <i>—</i>
Immediate <i>Apoplexy</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Drach</i>
<i>Sudden Death</i>	Address <i>Burton Md</i>
Accident or Suicide?	



Name
in
Full

Martin Nelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Westport.		County Baltimore		MARYLAND	
Date of death		Month Oct	Day 31	Years 71	Months	Days	
Sex Male		Color or Race White		Birth-place Sweden			
Occupation Laborer		Where Residing if not at place of death Westport.					
Married, Single or Widowed Married		Name of Wife or Husband Margaret J. Nelson					
Father's Name Unknown		Father's Birthplace Unknown					
Mother's Maiden Name Unknown		Mother's Birthplace Unknown					
Name of person giving information Margaret J. Nelson		How related to deceased Wife					

CAUSES OF DEATH

(119)

PHYSICIAN
OR CORONER

Primary	Smelly and complications	How long	1 year
Immediate	Acute hepatitis	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician R. J. Harris	
Yes		Address 1111 Wisconsin	
Accident or Suicide?			

Cumberland Md

Nov. 1/07.

our good
brother North

Name in Full		CERTIFICATE OF DEATH			
John Neubauer		Town		County	
Fullerton		Balto		MARYLAND	
Died at		Date of death		Age	
1907		Month 10		Day 20	
Sex		Color or Race		Birth-place	
Male		white		Maryland	
Occupation		Where Residing if not at place of death		Fullerton Md	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace		Europe	
Mother's Maiden Name		Mother's Birthplace		"	
Name of person giving information		How related to deceased		John Neubauer	
John Neubauer		Father			
CAUSES OF DEATH (19)					
Primary		Diphtheria		How long 3 days	
Immediate		Failure of Vital Forces		How long Several hours	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Leigard Whittefort	
To best of my knowledge		Address		Fullerton Md.	
Accident or Suicide?					

Interment

Jerusalem

Name
in
Full

James Nolan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Leanton</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death 190 <u>7</u> Month <u>Oct</u>		Day <u>21st</u> Age <u>53</u> Years		Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Ireland</u>			
Occupation <u>Manager</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Maggie Kinsella</u>				
Father's Name <u>Lawrence Nolan</u>	Father's Birthplace <u>Ireland</u>				
Mother's Maiden Name <u>don't know</u>	Mother's Birthplace <u>Ireland</u>				
Name of person giving information <u>Maggie Nolan</u>		How related to deceased <u>wife</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pleurisy</u>	How long <u>Four days</u>
Immediate <u>Cardiac Syncope</u>	How long <u>one day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. J. Jones M.D.</u>
	Address <u>3116 O'Donnell St</u>
Accident or <u>Suicide</u>	

New Cathedral Cemetery

October 24 th 1907

Germanus Thorne

An der Lake

Name
in
Full

Mrt Kate O'Connor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

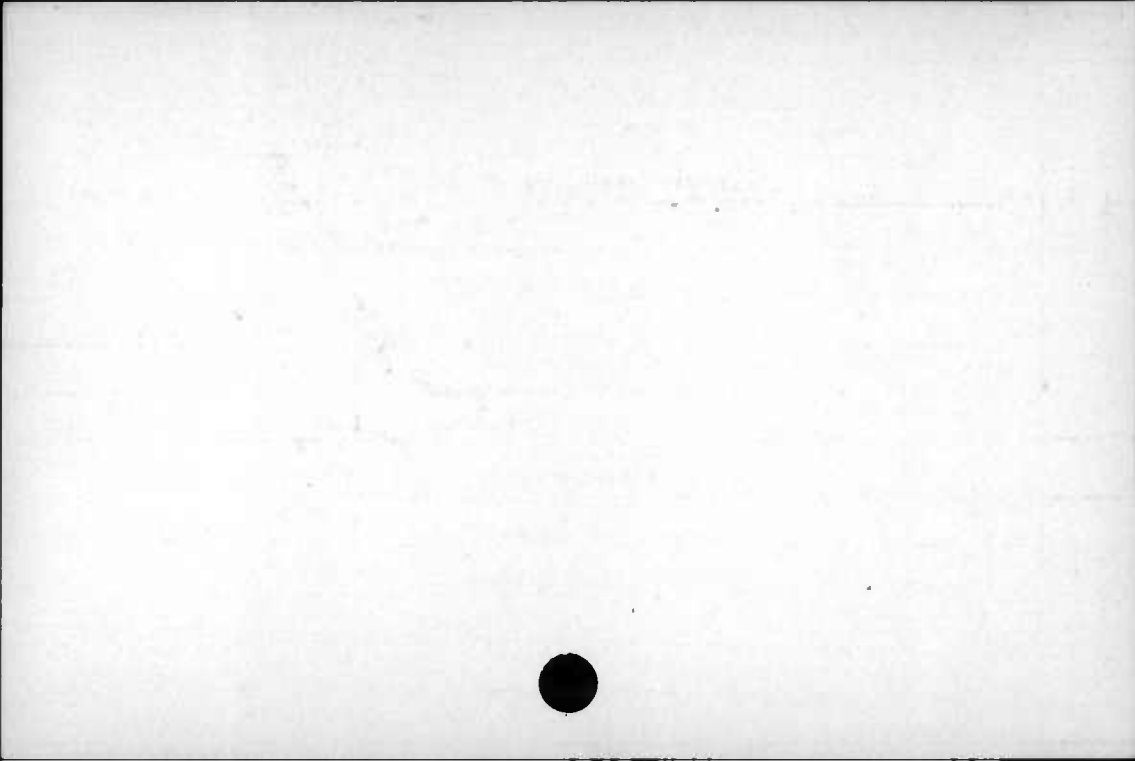
Died at *Mt Hope Retreat* ^{Town} *Baltimore* ^{County}Date of death *1907* ^{Month} *Oct* ^{Day} *19th* ^{Years} *Age 4-8* ^{Months} *not known* ^{Days} *not known*Sex *Female* Color or Race *White* Birth-place *Washington D.C.*Occupation *Florist* Where Residing if not at place of death *Washington D.C.*Married, Single or Widowed *Single* Name of Wife or HusbandFather's Name *not known* Father's Birthplace *not known*Mother's Maiden Name *" "* Mother's Birthplace *" "*Name of person giving information *Reed, Mt Hope Retreat* How related to deceased *not at all*

CAUSES OF DEATH

(168)

PHYSICIAN
OR CORONERPrimary *Melancholia Chr.* How long *over 3 yrs -*Immediate *Ex- Chr. Bronchitis & Gastritis -* How long *over 3 yrs -*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Frank J. Flannery*Address *Mt Hope Retreat**Balto Co Md.*

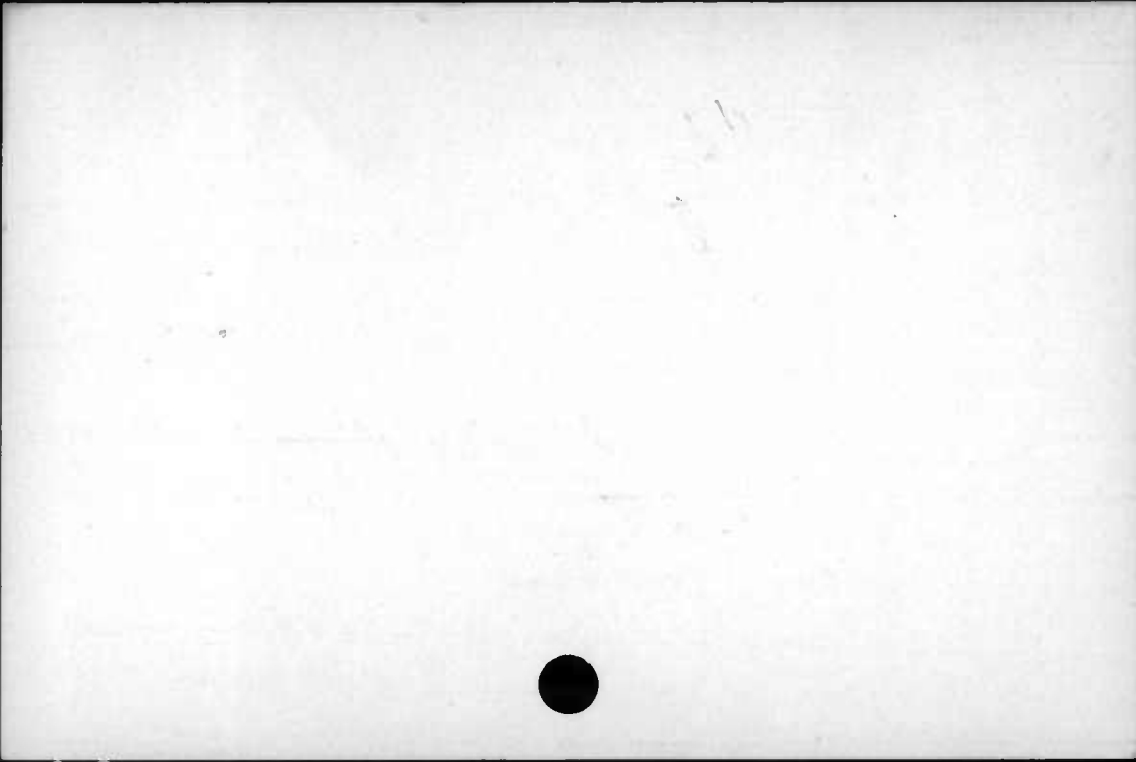
Accident or Suicide?



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full William O Sing		CERTIFICATE OF DEATH	
Died at Mt Hope Reformatory Town Baltimore County		MARYLAND	
Date of death 1907	Month Oct	Day 31st	Age 29 Years Months not known Days not known
Sex Male	Color or Race White	Birth-place Balto. Md.	
Occupation none	Where Residing if not at place of death Balto. Md.		
Married, Single or Widowed Single	Name of Wife or Husband		
Father's Name not known	Father's Birthplace not known.		
Mother's Maiden Name " "	Mother's Birthplace " "		
Name of person giving information Recd. Mt Hope Reformatory	How related to deceased not at all.		
CAUSES OF DEATH (69)			
Primary	manic Chr. Post Epilepsy		How long over 3 yrs -
Immediate	Ex. Status Epilepticus		How long
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Frank J. Flannery	
		Address Mt Hope Reformatory	
		Baltimore Md.	
Accident or Suicide? 			



Name
in
Full

Hanna Parker.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

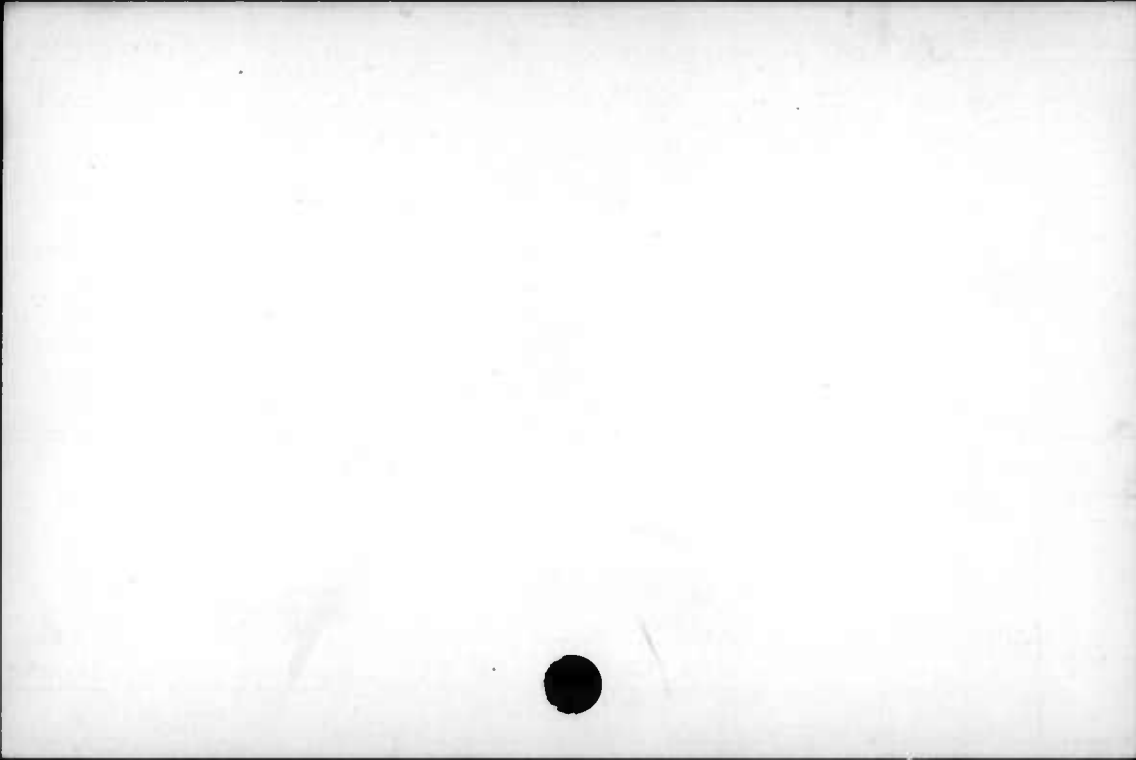
Died at <i>Arlington</i> Town		<i>Balto</i> County		MARYLAND	
Date of death	1907	Month	Sept	Day	27
Age	45	Years		Months	
Sex	Female	Color or Race	Colored	Birth-place	Ind
Occupation	Cook	Where Residing if not at place of death <i>Arlington</i>			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	<i>unknown</i>			Father's Birthplace	<i>unknown</i>
Mother's Maiden Name	<i>unknown</i>			Mother's Birthplace	<i>unknown</i>
Name of person giving information	<i>William W. Payfield</i>			How related to deceased	<i>Employer.</i>

CAUSES OF DEATH

36

PHYSICIAN
OR CORONER

Primary	<i>Chronic Alcoholism</i>	How long	<i>1 year</i>
Immediate	<i>Cardiac & hepatic</i>	How long	<i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes.</i>		<i>W. W. Payfield</i>	
		Address	
		<i>Arlington</i>	
Accident or Suicide?			



Name
in
Full

Gorgie E. Parks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

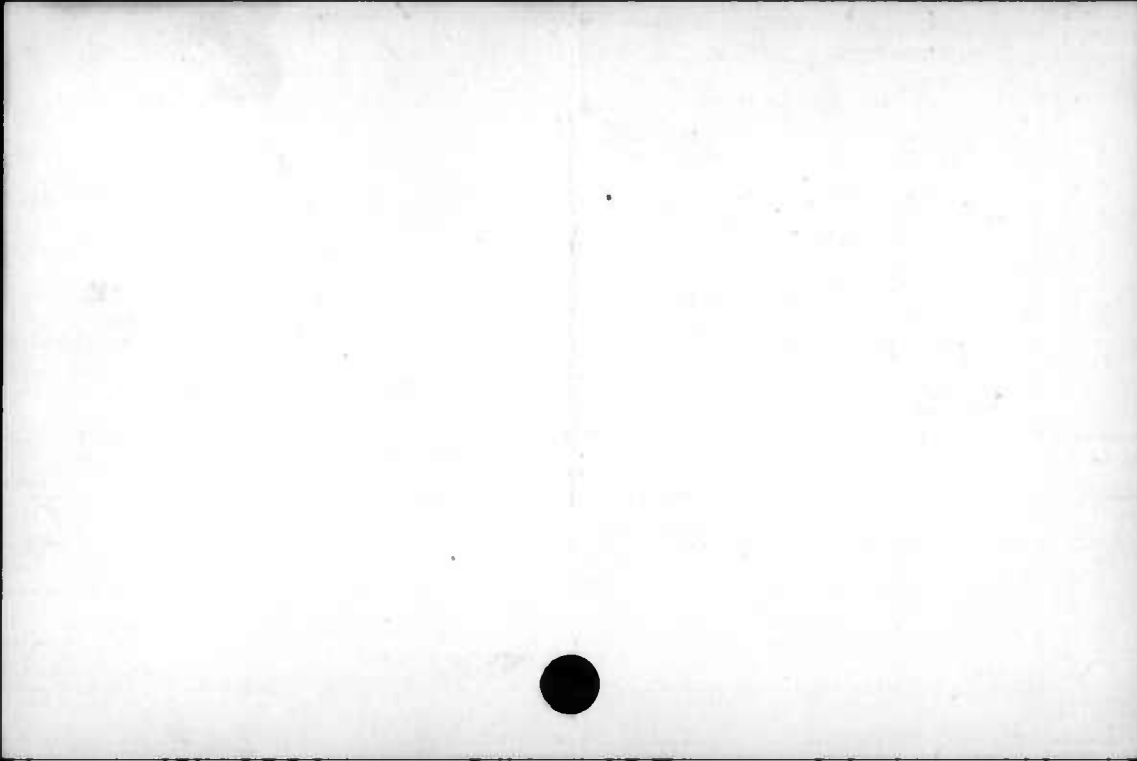
Died at		Town Boring		County Balt		MARYLAND	
Date of death	1907	Month 10	Day 11	Age 62	Years	Months	Days
Sex	Female		Color or Race	white		Birth- place	md
Occupation	House wife			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband	Elisha V. Parks			
Father's Name	Elias R. Parks				Father's Birthplace	md	
Mother's Maiden Name	Ruth Anderson				Mother's Birthplace	md	
Name of person giving In formation	Ruth Glenn				How related to deceased	daughter	

CAUSES OF DEATH

114

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Abscess of Liver	
Are the name, age, sex, color, date and place correctly given above?	yes
Signature of Physician	Jos W. Wilson M.D.
Address	Fowbleburg md
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Piehyville</i> Town		<i>Balto</i> County	
		Date of death <i>1901 Oct 24th</i>		Age <i>47</i>	
		Sex <i>male</i>		Color or Race <i>white</i>	
		Occupation <i>Stone mason</i>		Birth-place <i>Piehyville</i>	
		Married, Single or Widowed <i>married</i>		Where Residing if not at place of death <i>—</i>	
		Father's Name <i>Edward Larrick</i>		Father's Birthplace <i>Balto Co</i>	
		Mother's Maiden Name <i>Margaret Johnson</i>		Mother's Birthplace <i>Balto Co</i>	
		Name of person giving information <i>Geo Larrick</i>		How related to deceased <i>brother</i>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Carcinoma of Testis</i>		<i>44</i> How long <i>18 months</i>	
		Immediate <i>Insanition</i>		How long <i>1 week</i>	
		Are the name, age, sex, color, data and place correctly given above? <i>yes</i>		Signature of Physician <i>A. C. Larrick</i>	
				Address <i>Woodlawn Sta</i>	
		Accident or Suicide? <i>—</i>		<i>Med.</i>	

Jos B Cook
Ridge Cemetery
Balt Co

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Minnie Elizabeth Payne</i>		Town <i>Cuckysville</i>		County <i>Bolton Co</i>		MARYLAND	
Died at		Date of death		Age		Months	
<i>Cuckysville</i>		<i>1907 Oct 23</i>		<i>52</i>		<i>0</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Bolton Md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Cuckysville Md</i>					
Married, Single or Widowed		Name of Wife or Husband <i>James Payne - deceased</i>					
Father's Name <i>Benjamin Johnson</i>		Father's Birthplace <i>Bolton Md</i>					
Mother's Maiden Name <i>Mary Johnson</i>		Mother's Birthplace <i>Bolton Md</i>					
Name of person giving information <i>Mother</i>		How related <i>Mother</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Acute Pulmonary Infection</i>	How long	<i>2 months</i>
Immediate	<i>Heart Disease</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. E. Benson</i>	
<i>Yes</i>		Address <i>Cuckysville Md</i>	
Accident or Suicide?			

Funeral at Fools Thie

Oct 25th

W. C. Brooks

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George K Pearce

Died at *St Georges* TownCounty *Baltimore*

MARYLAND

Date of death *1907 Oct*

Month

Day

Age *61*

Years

Months

Days

Sex *Male*Color or
Race*White*Birth-
place *Baltimore Md.*Occupation *Farmer*Where Residing if not
at place of death*St Georges*Married, Single
or WidowedName of Wife or
Husband*Annie Pearce*Father's Name *Isuke J Pearce*Father's Birthplace *Md*Mother's Maiden Name *Ellen Keck*Mother's Birthplace *Md*Name of person giving
Information *Kate Pearce*How related
to deceased *Daughter*

CAUSES OF DEATH

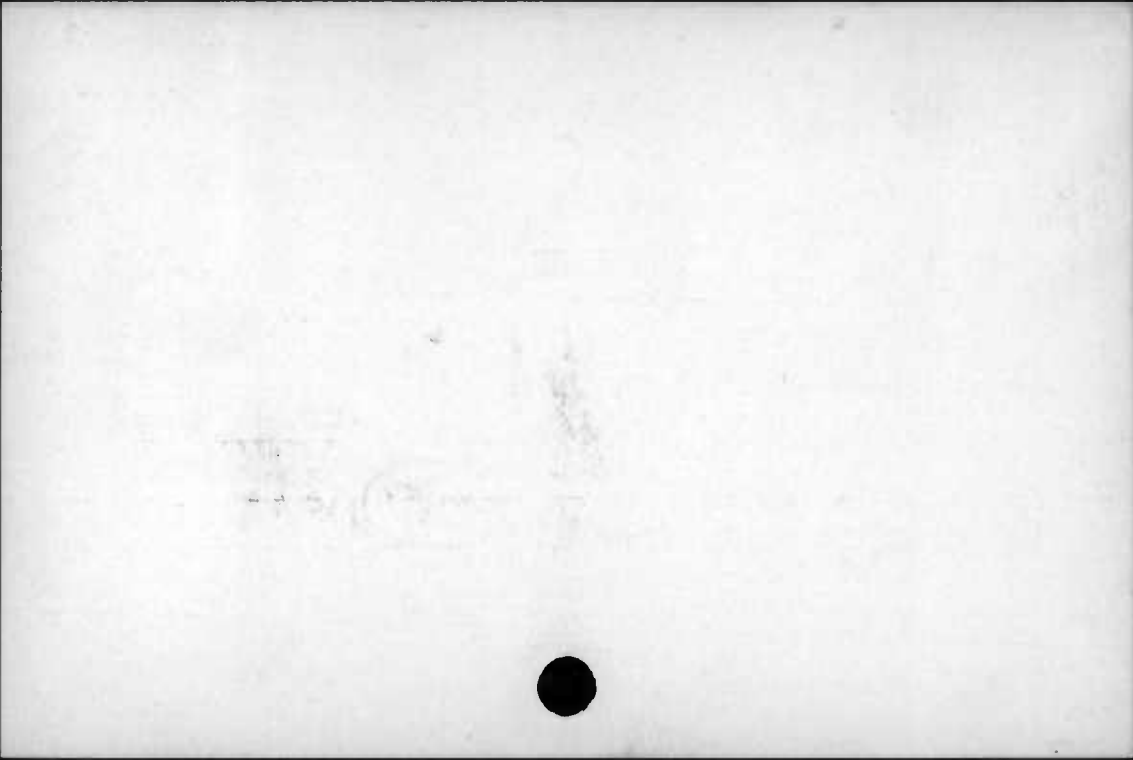
Primary *Diabetes**50*How long *Eight years*Immediate *Cardiac Failure Pulmonary Edema* *Long*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*J Rumbrie
Glyndon Md.*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full		Certificate of Death			
Dr. Jackson Piper		Town Towson		County Baltimore	
Died at		Maryland			
Date of death	1907	Month Oct	Day 11 th	Age Years 78	Months 11
Sex male		Color or Race white		Birth- place Baltimore	
Occupation Physician		Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Imogene Piper (ne Shoemaker)			
Father's Name James Piper		Father's Birthplace Baltimore			
Mother's Maiden Name Jane Evans		Mother's Birthplace Baltimore			
Name of person giving In formation James Piper		How related to deceased son			
CAUSES OF DEATH					
Primary		Arterio-Sclerosis - Glaucoma - Dropsy Static Pneumonia		How long 10/671 months	
Immediate		Static Pneumonia		How long 26 hours.	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician R. G. Maunburg	
				Address Towson	
Accident or Suicide?		No			

Henry. M. Jenkins a son of

Funeral Directors

Funeral Sat Oct 12th/07

Place of Burial
Garden Park

Name
in
Full

John Henry Poole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Agnes Hospital</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1907	Month	Oct	Day	30
Age		Years	60	Months	
Sex	Male	Color or Race	White	Birth-place	Mayland
Occupation	Mechanic		Where Residing if not at place of death <i>Washington - D. C.</i>		
Married, Single or Widowed	Name of Wife or Husband		?		
Father's Name	<i>John Poole</i>			Father's Birthplace	<i>Mayland</i>
Mother's Maiden Name	<i>Ebberts</i>			Mother's Birthplace	"
Name of person giving information	<i>James E Poole</i>			How related to deceased	<i>Brother</i>

CAUSES OF DEATH

82

PHYSICIAN
OR CORONER

Primary	<i>Thrombosis - Pulm Vess.</i>	How long	?
Immediate	<i>Em. then to Lungs & Brain</i>	How long	<i>12 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Jos. C. Blount</i>	
		Address	
		<i>904 N. Charles St.</i>	
		<i>Baltimore (Md)</i>	
Accident or Suicide?			
<i>No</i>			

Patient operated on for
female hernia ~~Mar~~ 21-1907
OCT
died suddenly OCT 30. without
any preliminary symptoms.
This is the worst for both sexes
of disease. Autopsy refused
not ordered by Coroner.

J. C. Bloodgood.

Name in Full John W. Reckard		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Murmans Town		County Balto
	Date of death 1907 Oct 14		Age — Years 3 Months 11 Days
	Sex male	Color or Race white	Birth-place Md
	Occupation none	Where Residing if not at place of death —	
	Married, Single or Widowed Single	Name of Wife or Husband —	
	Father's Name John W. Reckard	Father's Birthplace Md	
	Mother's Maiden Name Annie F. Truck	Mother's Birthplace Md	
Name of person giving information John W. Reckard	How related to deceased father		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Acute Inanition	How long 14 day	
	Immediate Convulsion	How long 1 day	
	Are the name, age, sex, color, date and place correctly given above?		
	Signature of Physician Geo. S. M. Kieffer		
	Address Monell Paid Balto Co. Md		
Accident or Suicide?			

Hauak
Wash. Road.

William Cook
Baltimore Cemetery

Name
in
Full

CERTIFICATE OF DEATH

Elizabeth Frances Rehm.

Died at <i>Washington</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>Oct</i>	Day <i>18</i>	Age <i>87</i> Years	Months <i>9</i> Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Prussia?</i>		
Occupation <i>housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>John Michael Rehm</i>				
Father's Name <i>Matthias Schuetz</i>	Father's Birthplace <i>Prussia?</i>				
Mother's Maiden Name <i>Barbara Galt</i>	Mother's Birthplace <i>Prussia?</i>				
Name of person giving information <i>Miss Frances B. Rehm</i>	How related to deceased <i>daughter</i>				

CAUSES OF DEATH

14

Primary <i>Arterio-sclerosis. Dysentery</i>	How long <i>40 days</i>
Immediate <i>Exhaustion</i>	How long <i>20 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>William J. Ford</i>
	Address <i>Washington Md</i>
Accident or Suicide?	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

St Marys Cemetery
Govan
Oct 21/07
H. C. Windefield

Name
in
Full

Catherine Rice

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Swanstown</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death 190 <i>7</i>	Month <i>October</i>	Day <i>17</i>	Age <i>7</i> <small>Years</small>	Months <i>—</i>	Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore City</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>None</i>			
Name of Wife or Husband <i>None</i>					
Father's Name <i>Anthony P. Rice</i>		Father's Birthplace <i>Balto. Md.</i>			
Mother's Maiden Name <i>Mary Schmidt</i>		Mother's Birthplace <i>Balto.</i>			
Name of person giving information <i>Anthony P. Rice</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	(93)	How long <i>Two weeks</i>
Immediate <i>Pneumonia</i>		How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>A. C. Clawell, M.D.</i>	
	Address <i>1741 Harford ave</i>	
Accident or Suicide? <i>No.</i>		<i>Balto. Md.</i>

Henry Hoeckler
Undertaker

Holy Redeemer Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Herman Charles Rider

MARYLAND

Died at *Crossville* TownCounty *Balto*Date of death *1907* Month *Oct* Day *6*Age *—* Years

Months

4 mo

Days

*1 —*Sex *Male*Color or
Race*white*Birth-
place*md*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Henry Rider*Father's
Birthplace*md*Mother's
Maiden Name*Annie Besselet*Mother's
Birthplace*md*Name of person giving
information*Henry Rider*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Inanition

How long

(151)

Immediate

How long

*4 mo —*Are the name, age, sex, color, date
and place correctly given above?*js*Signature of
Physician*E. J. Mase*

Address

Crossville Md

Accident or Suicide?

Accident

Interment
Family lot

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *John B. Riemann*

Died at *Lansdowne* Town *Baltimore* County *Baltimore* MARYLAND

Date of death *1907* Month *Oct* Day *12* Age *10* Years *10* Months *10* Days *4*

Sex *male* Color or Race *white* Birth-place *Balt Co. Md*

Occupation *School boy* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Adam Riemann* Father's Birthplace *Germany*

Mother's Maiden Name *Charlotte Riemann* Mother's Birthplace *U.S.*

Name of person giving information *Adona Riemann* How related to deceased *Father*

CAUSES OF DEATH

(166)

PHYSICIAN
OR CORONER

Primary *Struck by B & O RR Train* How long *—*

Immediate *Fractured Skull & Internal Injuries* How long *Five*

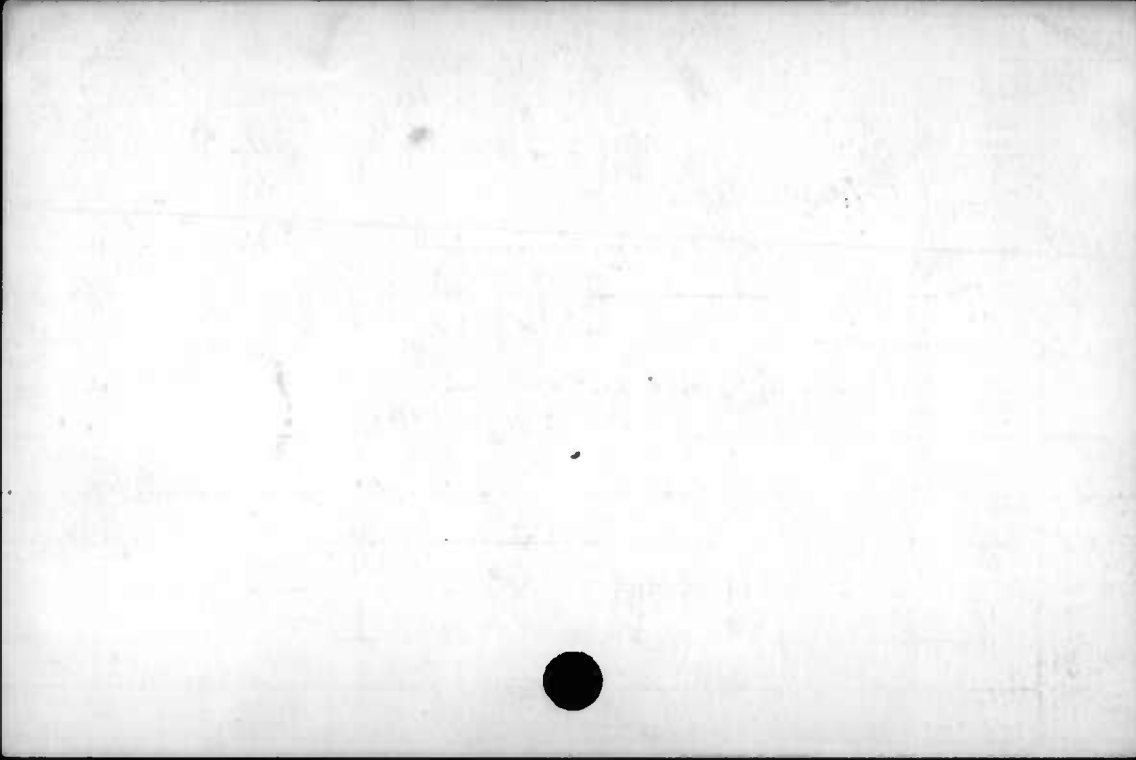
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *August W. Mills (Coroner)*

Address *101 W. Union*

Balt Co. Md.

Accident or Suicide? *Accident*



Name
in
Full

Pauline V. Rosello

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

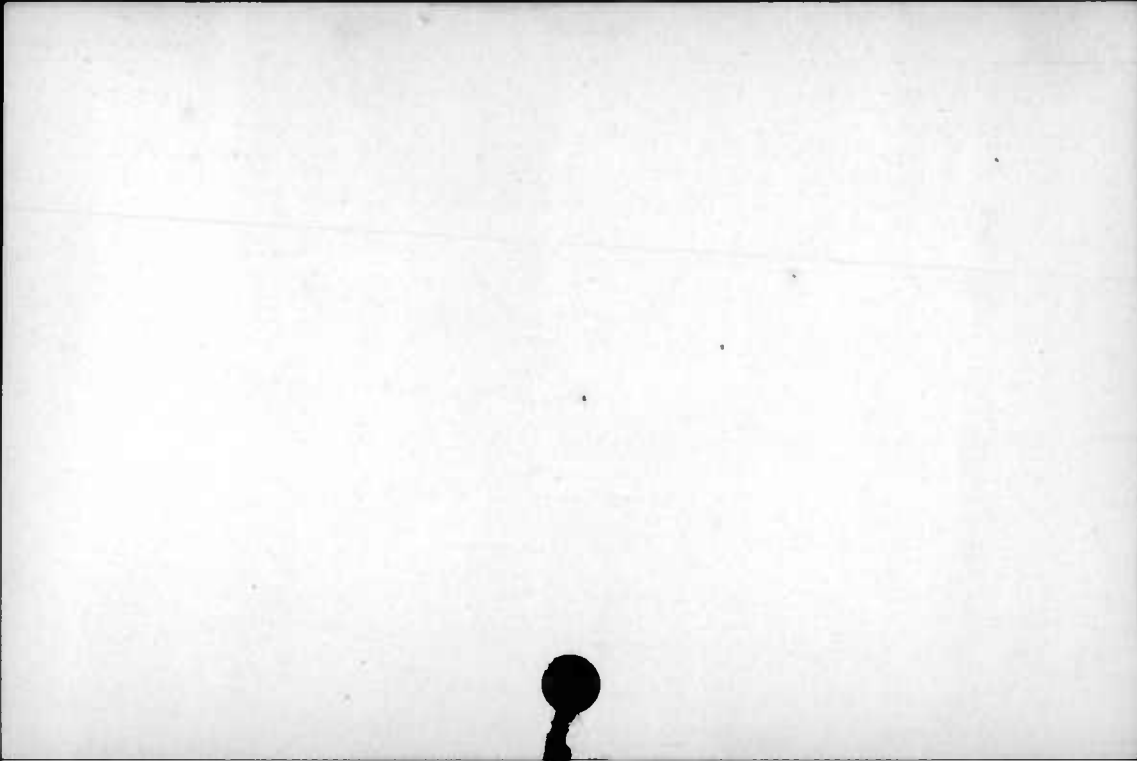
Died at <i>Mt Hope Retir</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death <i>1907 Oct 11</i>		Month <i>11</i>		Day <i>11</i>		Years <i>64</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Balto</i>		Months <i>—</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Baltimore Md</i>		Days <i>—</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>not known</i>					
Father's Name <i>not known</i>		Father's Birthplace <i>not known</i>					
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>not known</i>					
Name of person giving information <i>Recd Mt Hope Retir</i>		How related to deceased <i>not at all</i>					

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary <i>Mania Chronic</i>		How long <i>33 yrs -</i>
Immediate <i>Ex-Pul & Cerebral Congest</i>		How long <i>7 hrs -</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Frank J. Flannery</i>
Address <i>Mt Hope Retir</i>		
Accident or Suicide? <i>—</i>		<i>Baltimore Co</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elsie. Rott

Died at *Highlandtown* Town*Baltimore* County

MARYLAND

Date of death *1907* Month *October*Day *29*

Age

Years

Months

Days *1*Sex *Female*

Color or Race

White

Birthplace

Baltimore Co Md

Occupation

Where Residing if not at place of death

Resides at Place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Frank L. Rott

Father's Birthplace

Maryland

Mother's Maiden Name

Augusta F. Knoble

Mother's Birthplace

Balto Md

Name of person giving information

Frank L. Rott

How related to deceased

Father

CAUSES OF DEATH

Primary

Myocard Spasm

How long

2 hours

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of

David A. Thompson

Address

*1501 Highland Ave
Baltimore Co Md*

Accident or Suicide?

Christian Miller

Not Carmel Conn

Name
in
Full

Leonard Scarff

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wt Washington</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1907	Month <i>Oct</i>	Day <i>26</i>	Age <i>10</i>	Years <i>21</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Wt Washington</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband <i>Florence E. Scarff</i>			
Father's Name <i>John E. Scarff</i>		Father's Birthplace <i>Harford Co</i>			
Mother's Maiden Name <i>Emory (Florence)</i>		Mother's Birthplace <i>Baltimore</i>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

Primary <i>Typhoid Fever</i>	How long <i>two weeks</i>
Immediate <i>Internal hemorrhage</i>	How long <i>several hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>ye</i>	Signature of Physician <i>J. H. Caley</i>
	Address <i>340 Rottman Ave</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER

Slack Box Undertaken

St John's Long Green

Falls Road & Mattbedd Ave

- Mt Washington -

Name
in
Full

Anna M. Schmidt

CERTIFICATE OF DEATH

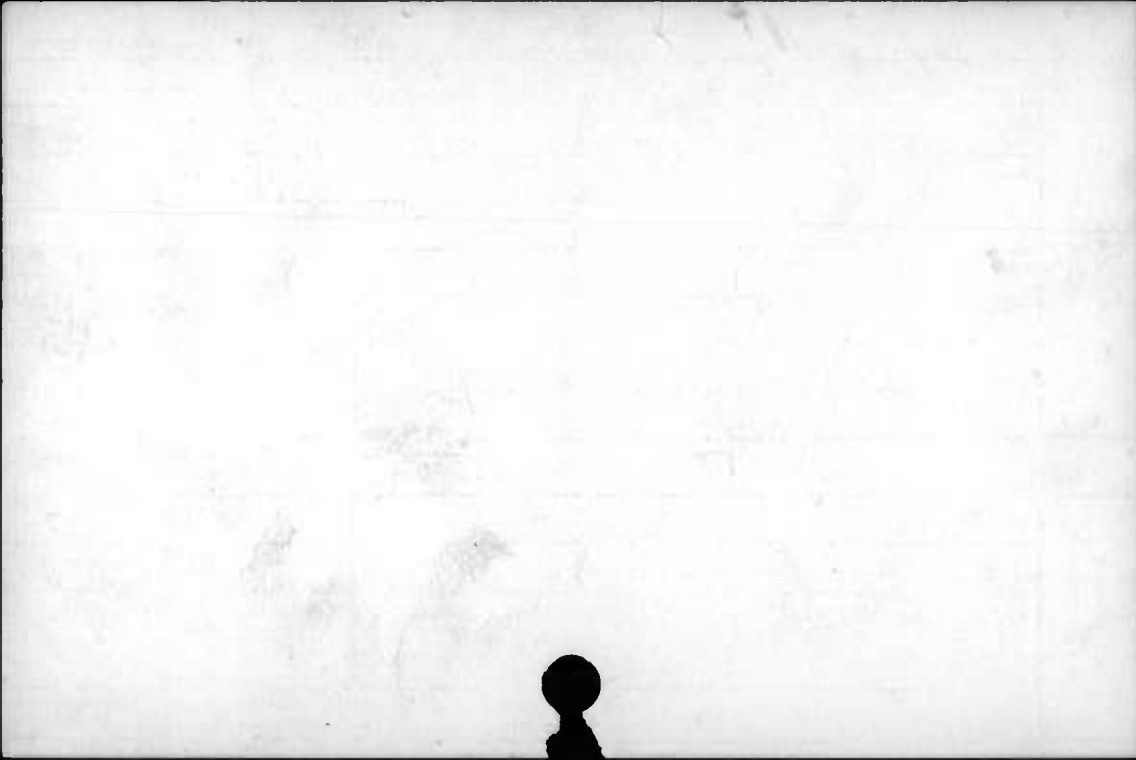
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sunny Brook</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Oct.</i>	Day <i>14</i>	Age <i>67</i>	Months <i>10</i>	Days <i>26</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Christian Schmidt</i>				
Father's Name <i>John Flick</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Carrie Hinder</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of Liver</i>	How long <i>8 Months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. J. Payne M.D.</i>
<i>Yes</i>	Address <i>Phoenix Md</i>
Accident or Suicide?	



Name
in
Full

Frederick Schmidt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hullsville ^{Town} Baltimore ^{County} MARYLAND

Date of death 1907 ^{Month} Oct ^{Day} 26 ^{Years} 37 ^{Months} 0 ^{Days} 21

Sex male Color or Race white Birth-place Baltimore

Occupation Druggist Where Residing if not at place of death Hullsville

Married, Single or Widowed married Name of Wife or Husband Amelia M Schmidt

Father's Name Christian Schmidt Father's Birthplace Germany

Mother's Maiden Name Therelle Wolf Mother's Birthplace Germany

Name of person giving information Amelia Schmidt How related to deceased 1 wife

CAUSES OF DEATH

81

PHYSICIAN
OR CORONER

Primary Atherosclerosis How long 6 months

Immediate Heart Disease How long 4 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician W. L. L. L. Address not known

Accident or Suicide?

E. Schloemann Hon
London Park

Name in Full Katie Schubert		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at Canton <small>Town</small>		Balto <small>County</small>		MARYLAND
	Date of death 1907 Oct 1	1 <small>Day</small>	2 <small>Years</small>	2 <small>Months</small>	— <small>Days</small>
	Sex Female	Color or Race White	Birthplace Balto Co.		
	Occupation —	Where Residing if not at place of death 80 First St Canton			
	Married, Single or Widowed Single	Name of Wife or Husband —			
	Father's Name Chas Schubert	Father's Birthplace Balto Co.			
	Mother's Maiden Name Bertha Burke	Mother's Birthplace " "			
Name of person giving information Chas Schubert		How related to deceased Father			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	Convulsions		71	How long 12 hours
	Immediate	Cardiac Syncope			How long one hour
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Dr. J. M. D.		
			Address 3116 Oxford St		
	Accident or Suicide? —				

1st German Bcm

act 2nd 1907

H Nicolau & son

1820 Canton Ave

Name
in
Full

Katherine Schulte, 523 Seem St, Canton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> Town			<u>Baltimore</u> County			MARYLAND	
Date of death	1907	Month	October	Day	13 th	Age	Years <u>19</u> Months <u>10</u> Days <u>10</u>
Sex	<u>Female</u>		Color or Race	<u>White</u> <u>German-American</u>		Birth place	<u>Baltimore</u>
Occupation	<u>Housework</u>			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			<u>Joseph Schulte</u>			Father's Birthplace	<u>Germany</u>
Mother's Maiden Name			<u>Mary</u>			Mother's Birthplace	<u>Poland</u>
Name of person giving information			<u>Dr. L. K. Hershberg</u>			How related to deceased	

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary	<u>Abscess on left side of brain</u>	How long	<u>5 wks</u>
Immediate	<u>Pneumonia</u>	How long	<u>24 hrs</u>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<u>Leonard K. Hershberg</u>	
Address		<u>1937 Madison Ave.,</u> <u>Balto., Md.</u>	
Accident or Suicide?			

Sacred Heart Cem.

Oct 16th 1907

Germanus France
Undertaker

Name
In
Full

Robert Francis Schults

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

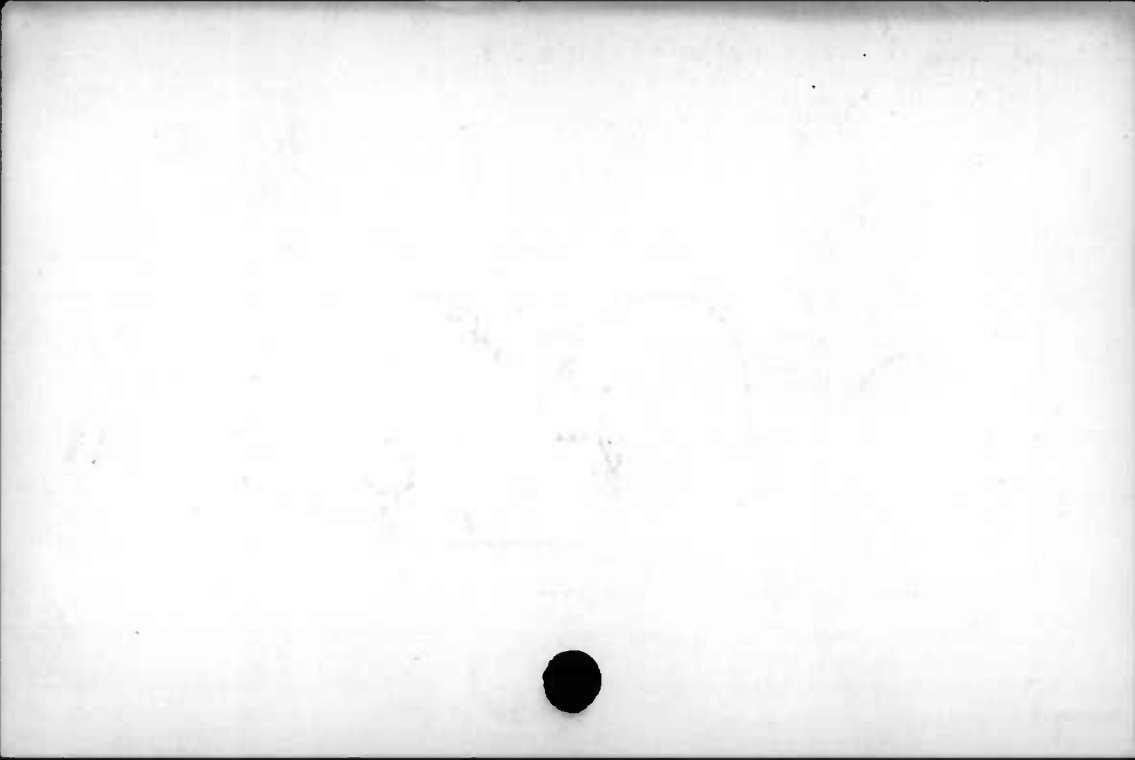
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Oct	23			1	18
Sex		Color or Race		Birth-place			
Male		White		Baltimore			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Single							
Father's Name				Father's Birthplace			
Charles Schults				Baltimore Md.			
Mother's Maiden Name				Mother's Birthplace			
Annies Roddy				Frederick Co			
Name of person giving information				How related to deceased			
Mrs Annies Roddy							

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholelithiasis	How long	2 mo
Immediate	collapse	How long	2 hr
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		H. Fred Adams	
		Address	
		1314 N. Charles St Baltimore	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William Sickert

Died at <i>Pikerville</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	Month <i>10</i>	Day <i>24</i>	Age <i>55</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth place <i>Germany</i>		
Occupation <i>Gardner</i>		Where Residing if not at place of death <i>2012 Clifton St</i>			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Emma Sickert</i>				
Father's Name <i>William Sickert</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Emma Gartsch</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Louise Sickert</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hanging</i>	How long <i>157</i>
Immediate <i>Suicide strangulation</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. J. Logan</i>
	Address <i>acting coroner Pikerville Md</i>
Accident or Suicide?	

Druid Ridge

Name
in
Full

Lillian Arison

CERTIFICATE OF DEATH

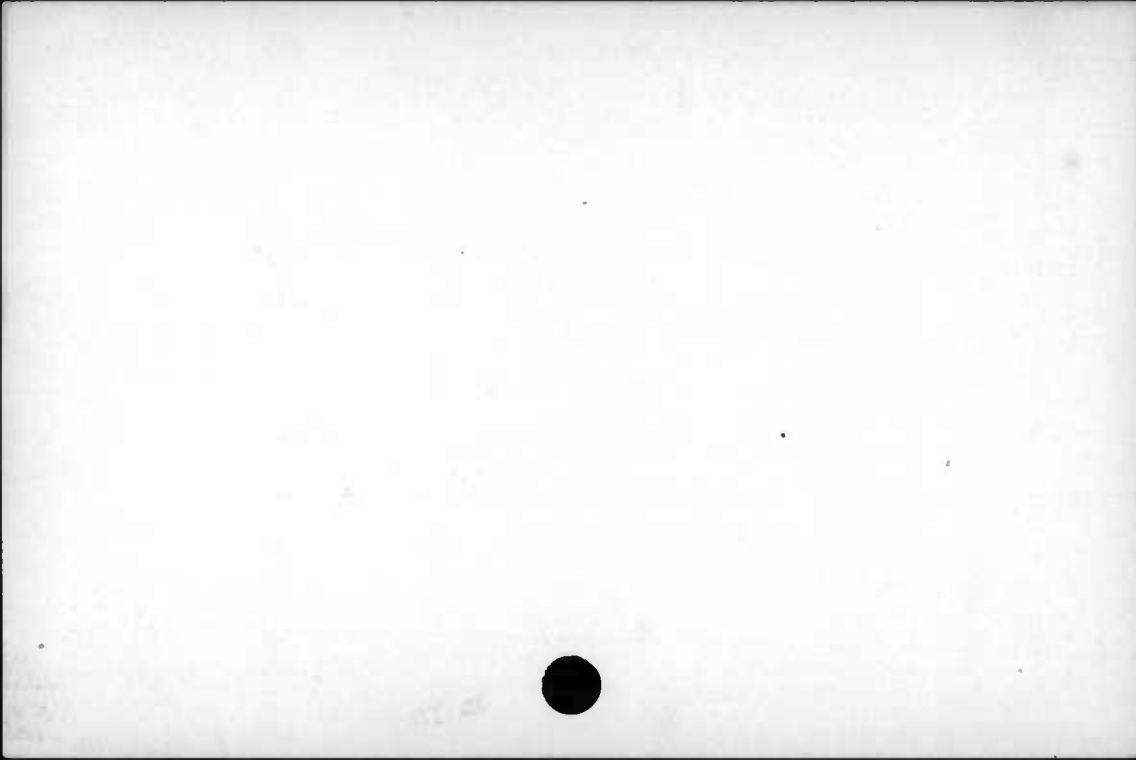
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fort</i> Town		<i>Balto</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Oct</i>	Day <i>10</i>	Age <i>1</i>	Months <i>10</i> Days <i>3</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Occupation <i>✓</i>		Where Residing if not at place of death <i>Fort</i>			
Married, Single or Widowed <i>✓</i>		Name of Wife or Husband <i>✓</i>			
Father's Name <i>George Arison</i>		Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Lillian Butler</i>		Mother's Birthplace <i>md</i>			
Name of person giving information <i>Lillian Arison</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Enteritis</i>	<i>105</i>	How long <i>7 Days</i>
Immediate	<i>exhaustion</i>		How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas Bagley Sr</i>	
		Address <i>Bagley md -</i>	
Accident or Suicide?			



Name
in
Full

Melchijah Spragins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *St. Agnes Hospital* ^{Town} *Baltimore* ^{County} *MARYLAND*

Date of death *1907* ^{Month} *October* ^{Day} *5th* ^{Years} *28* ^{Months} *9* ^{Days}

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Physician* Where Residing if not at place of death *1802 St. Paul St.*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Stitch B. Spragins* Father's Birthplace *Alabama*

Mother's Maiden Name *Elizabeth Hamilton* Mother's Birthplace *Maryland*

Name of person giving information *Elizabeth Spragins* How related to deceased *Mother*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Chronic Nephritis* How long *10 years.*

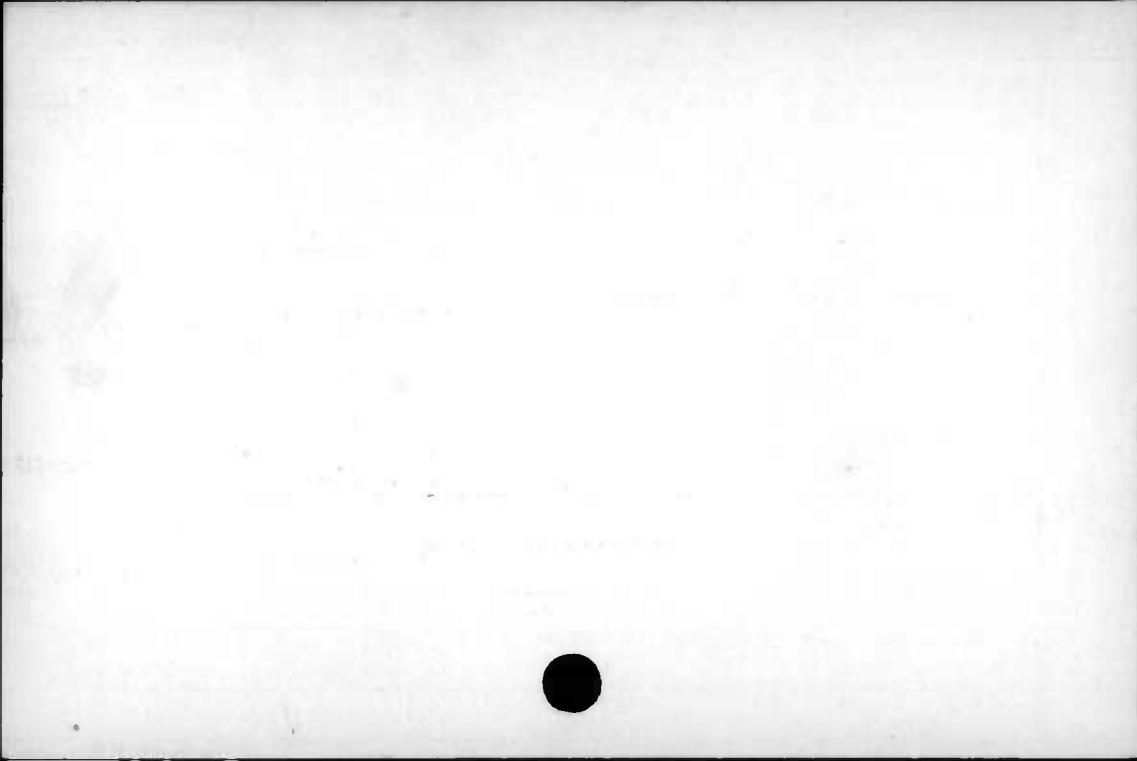
Immediate *Uremia* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *H. H. Hazen M.D.*

Address *St. Agnes Hospital*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Arthur Standiford*

Town *Manor* County *Balto.*

Died at *Manor*

Date of death *1907 Oct. 8* Age *8* Years *7* Months *7* Days

Sex *male* Color or Race *white* Birth-place *Balto Md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Henry E. Standiford* Father's Birthplace *Balto Md*

Mother's Maiden Name *Lucie E. Healy* Mother's Birthplace *—*

Name of person giving information *Henry E. Standiford* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *marasmus* *(93)* How long *3 mo*

Immediate *Pneumonia* How long *2 day*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. R. Payne*

Address *Corbett*

Accident or Suicide? *No*



Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Roland Park ^{Town} Baltimore ^{County}		MARYLAND	
Date of death 190 7 ^{Month} Oct ^{Day} 23 ^{Age} 56 ^{Years} 1 ^{Months} 10 ^{Days}			
Sex Male	Color or Race White	Birth-Place Baltimore Md	
Married, Single or Widowed Married	Occupation Hair Manufacturer		
Name of Wife or Husband Ida Kate Estabrook			
Father's Name John Stehl	Father's Birthplace Germany		
Mother's Maiden Name Marie Comedine Boucksein	Mother's Birthplace Germany		
Name of person giving information Allen Stehl	How related to deceased Son		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Arterio-Sclerosis Coronary Myocarditis	How long
Immediate Cardiac Rupture (Post Mortem)	How long 3 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician M. G. Forten
	Address Roland Park Md
Accident or Suicide? No	

Baltimore Oct 23rd / 907

Please grant Stewart &
Worren Co Permit for
internment in London Park
Cemetery Co

Stewart & Worren Co

Name
In
Full

Wm. B. Swisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at 507 Roland Ave		Town		County		BALTIMORE CO		MARYLAND	
Date of death 1907		Month Oct		Day 2		Age 11		Months 11	
Sex male		Color or Race white		Birth-place Tancred, Penna		Where Residing if not at place of death			
Occupation		Married, Single or Widowed		Name of Wife or Husband					
Father's Name Wm. B. Swisher		Father's Birthplace Penna		Mother's Maiden Name Elizabeth J. Fallon		Mother's Birthplace Baltimore			
Name of person giving information Wm. B. Fallon		How related to deceased							

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary Cause of Death Chronic Cardiac Arteriosclerosis		How long	
Immediate Cause of Death Cardiac Arteriosclerosis		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Henry J. Berkeley	
		Address 1305 Park Ave.	
Accident or Suicide?			

Place Burial

Lancaster County, Pa

Oct 3rd 1907

W. Edwin Chenoweth Hon

919. 3rd ave

Hampden Baltimore

Name
in
Full

Albert Taylor.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonsville</i> <small>Town</small>		<i>Balto</i> <small>County</small>		MARYLAND	
Date of death <i>1907 Oct-</i> <small>Month</small>		<i>5</i> <small>Day</small>	<i>65</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>England</i>			
Occupation <i>Sardner</i>	Where Residing if not at place of death <i>Catonsville Md</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sarah Mash</i>				
Father's Name <i>Steven Taylor</i>	Father's Birthplace <i>England</i>		Mother's Birthplace <i>England</i>		
Mother's Maiden Name <i>Mary Sutton</i>	How related to deceased <i>Wife</i>				
Name of person giving information <i>Mrs Albert Taylor</i>					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Left Hemiplegia</i>	How long <i>1 yr.</i>
Immediate <i>asthenia</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Marshall B. West</i>
	Address <i>Catonsville, Md.</i>
<i>Accident or Suicide?</i>	

C. Preston
London

Name
in
Full

CERTIFICATE OF DEATH

Samuel Taylor

Died at ^{Town} Lower Canton

^{County} Baltimore

MARYLAND

Date of death 1907 ^{Month} October ^{Day} 12.

Age ^{Years} 25

^{Months} Don't Know ^{Days} Don't Know

Sex Male

Color or Race White

Birth-place Baltimore Md.

Occupation Brakeman

Where Residing if not at place of death 318. Connell st Balt Co

Married, Single or Widowed Married

Name of Wife or Husband Hattie R. Borgan

Father's Name Charles Taylor

Father's Birthplace Maryland

Mother's Maiden Name Don't Know

Mother's Birthplace Don't Know

Name of person giving information James H. Borgan

How related to deceased Father in law

CAUSES OF DEATH

166

Primary Crushed by Rail Road Car.

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician David R. Thompson

Accident.

Address 1320 Highland Ave.

Accident or Suicide?

Baltimore County Md

TO BE ANSWERED BY
NEAREST FRIEND

OR CORONER

A. S. Maus Hall
3539 Falls Road

2-

~~213. S. Waxburg~~

W. Carmel Cemetery.

Name
in
Full

Emily Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gorantown</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>Oct</i> ^{Month}	<i>9</i> ^{Day}	Age <i>45</i> ^{Years}	Months	Days
Sex <i>Female</i>	Color or Race <i>negro</i>		Birth-place <i>Maryland</i>		
Occupation <i>House wife</i>		Where Residing if not at place of death <i>at residence</i>			
Married, Single or Widowed <i>-</i>	Name of Wife or Husband <i>Richard Thompson</i>				
Father's Name <i>J. H. Waller</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Richard Thompson</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>about 1 year</i>
Immediate <i>Convulsions</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B. H. Duncan</i>
	Address <i>Gorantown Md</i>
Accident or Suicide?	

Felix B. B. E.

102 E. Mulberry St.
Baltimore City

Barclay
in Laurel Cemetery.
Oct 11 1907

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *George Thonwood*

Died at *Highland* ^{Town} *Baltimore* ^{County} MARYLAND

Date of death *1907* ^{Month} *Oct* ^{Day} *14* Age ^{Years} *68* ^{Months} ^{Days}

Sex *Male* Color or Race *White* Birthplace *Baltimore*

Occupation *Laborer* Where Residing if not at place of death

Married, Single or Widowed *Divorced* Name of Wife or Husband

Father's Name *Not Known* Father's Birthplace *Not Known*

Mother's Maiden Name *Not Known* Mother's Birthplace *Not Known*

Name of person giving information *Charles Thonwood* How related to deceased *Son*

CAUSES OF DEATH

72

PHYSICIAN
OR CORONER

Primary *Tetanus* How long *4 days*

Immediate *Exhaustion & Convulsion* How long *2 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Flex L. Mapkin*

Address *3 and 1/2 South Highland Ave Md*

Accident or Suicide? *No*

Baltimore Maryland
H. Sander & Sons

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Torrington

Town

County

MARYLAND

Died at

Warren

Baltimore

Date

Month

Day

Years

Months

Days

of death 1907

10

13

Age

92

23

Sex

Male

Color or
Race

White

Birth-
place

Hollywood Maryland

Occupation

Teacher

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

Lelila Taylor.

Father's
Name

John Torrington

Father's
Birthplace

Ireland

Mother's
Maiden Name

Mary Wilson

Mother's
Birthplace

Ireland

Name of person giving
Information

Lida J. Torrington

How related
to deceased

Daughter

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

Senility

How long

Immediate

Hypostatic Pneumonia

How long

24 hours -

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Wilmer C. Eneer M.D.

Address

Cockeysville
Md.

Accident or Suicide?

Invoice at New
Liberty Oct 16th

W. C. Brooks

Name
in
Full

Mary Underwood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

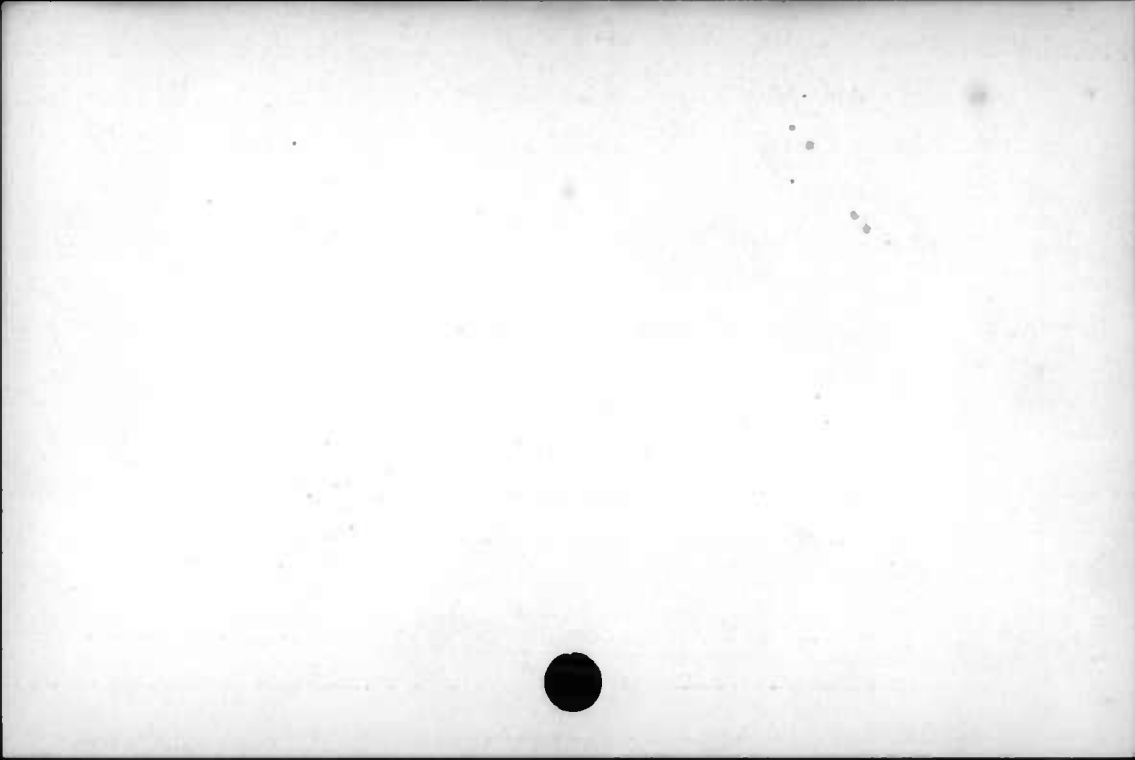
Died at <i>Parkton</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190 <i>7</i>	Month <i>Feb</i>	Day <i>13</i>	Age	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Parkton Md.</i>		
Married, Single or Widowed _____			Occupation _____		
Name of Wife or Husband _____					
Father's Name <i>James A. Underwood</i>			Father's Birthplace <i>York Pa.</i>		
Mother's Maiden Name <i>Lida H. Bell</i>			Mother's Birthplace <i>Parkton Md.</i>		
Name of person giving information <i>Lida H. Underwood</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

S

PHYSICIAN
OR CORONER

Primary <i>Death in Utero from partial separation of placenta, presumably.</i>	How long <i>24-36 hours</i>
Immediate <i>deficient oxygenation of blood</i>	How long <i>Four hours, perhaps.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. R. Mitchell</i>
	Address <i>Mountain Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Garrison Point</i> <i>Balto.</i>		Town		County		MARYLAND	
Date of death	<i>907</i>	Month	<i>Oct.</i>	Day	<i>19</i>	Years	<i>48</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>North Carolina</i>		
Occupation	<i>Carpenter</i>			Where Residing if not at place of death <i>Hyland Town Balto.</i>			
Married, Single or Widowed	<i>Married</i>			Name of Wife or Husband <i>Jennie Vogel</i>			
Father's Name	<i>Fred. M. Vogel</i>			Father's Birthplace <i>Germany</i>			
Mother's Maiden Name	<i>Margaret Miller</i>			Mother's Birthplace <i>Germany</i>			
Name of person giving information	<i>Gustav Vogel</i>			How related to deceased <i>Brother</i>			

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary

How long

Immediate

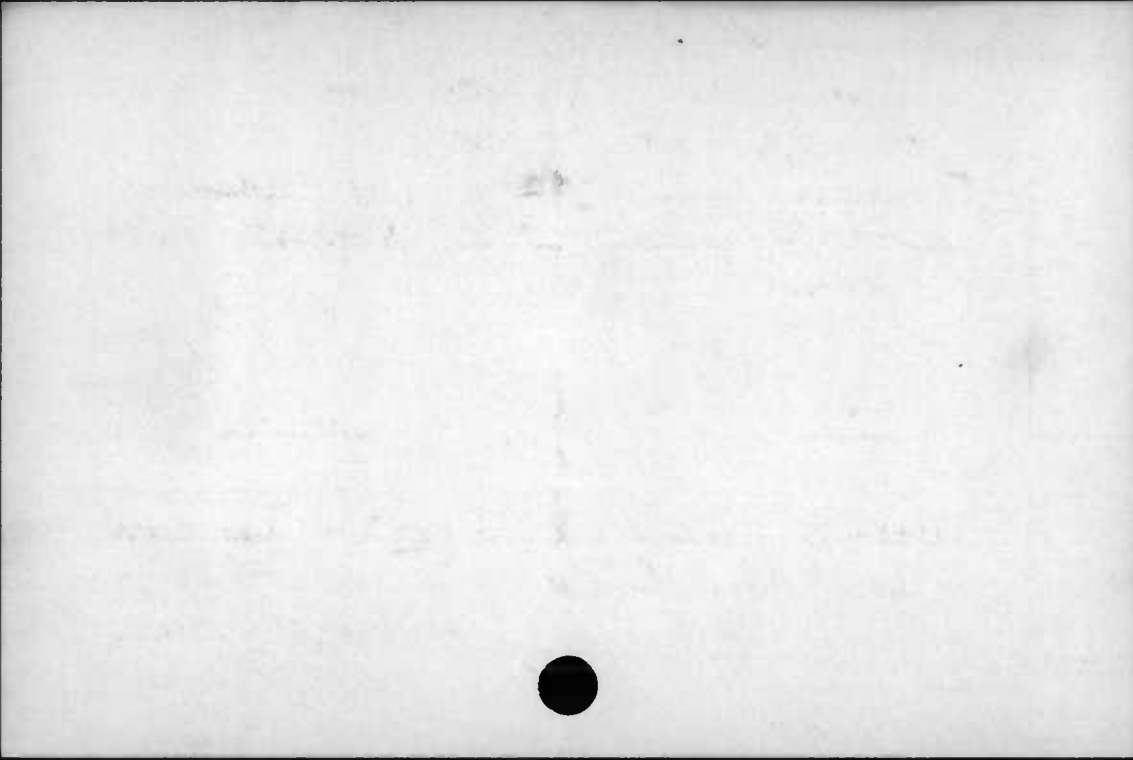
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name
in
Full

Frederick Walters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

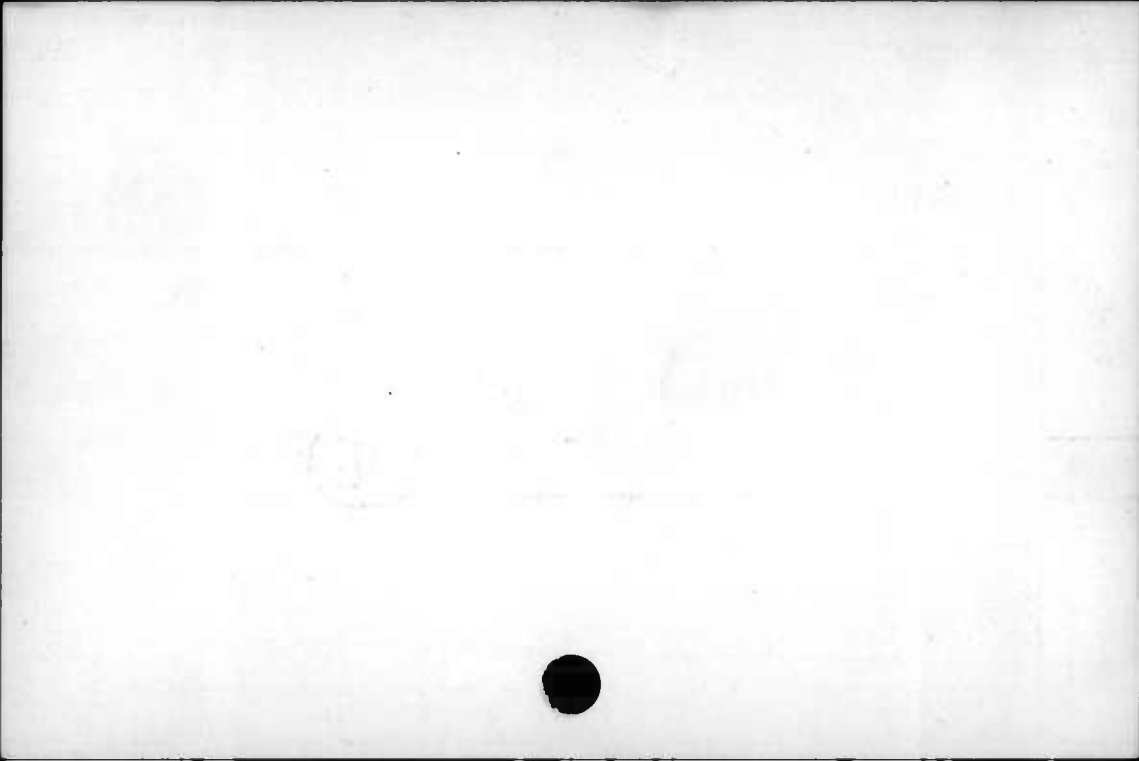
Died at <i>Caronsville</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Oct</i>	Day <i>18</i>	Years <i>41</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>Merchant</i>	Where Residing if not at place of death <i>Rosville Bk Co</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Geo. F. Walters</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Doris Walters</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

56

PHYSICIAN
OR CORONER

Primary <i>Neuralgia in lower back &c</i>	How long <i>Six weeks</i>
Immediate <i>Cough & 2 lungs</i>	How long <i>Four or five hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Richard F. Tenny MD</i>
	Address <i>Caronsville</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

William A. Weaver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Baltimore		County Baltimore		MARYLAND	
Date of death		1907	Month Oct	Day 31	Age 1	Years 8	Months —
Sex Male		Color or Race White		Birth- place Co.			
Occupation None				Where Residing if not at place of death 82.4 S E. Clinton St			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Chas Weaver		Father's Birthplace Co.					
Mother's Maiden Name Elizabeth Weaver		Mother's Birthplace —					
Name of person giving Information Chas Weaver		How related to deceased Father					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia Labor-	How long	10 days —
Immediate	Convulsions	How long	2 days —
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		C. N. Atkey	
Address		2 Hudson St	
Accident or Suicide?			

Mount Carmel

Nov ~~5th~~ 1907

J. Nicolaus & son

1820 Canton Ave

Name in Full Ruth Webber		County Baths.		CERTIFICATE OF DEATH	
Died at Potts Spring		Town Baths.		MARYLAND	
Date of death 1907		Month 10		Day 2	
Age 4		Years 28		Months 4	
Sex Female		Color or Race White		Birth-place Ind.	
Occupation 		Where Residing if not at place of death 			
Married, Single or Widowed Single		Name of Wife or Husband 			
Father's Name Not known		Father's Birthplace Not known			
Mother's Maiden Name Francis Webber		Mother's Birthplace V. Va			
Name of person giving information Francis Webber		How related to deceased mother			
CAUSES OF DEATH					
Primary Marasmus		How long 3 months			
Immediate Exhaustion		How long 			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Wilmer C. Connor			
		Address Cockeysville Md.			
Accident or Suicide? 					

Mt Ayers
Poth Spring
Road

Mt Ayers
Poth Spring
Road

John Burr Son

Name
in
Full

Ann Cursey Webster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baldwin</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>Oct.</i>	Day <i>17</i>	Age <i>96</i>	Months <i>6</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Somerset Co. Md.</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>	Name of Wife or ^{Husband} <i>Wm. H. Webster (deceased)</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Emma Caffrell</i>			How related to deceased <i>Niece</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age</i>	How long <i>several years</i>
Immediate <i>General Debility</i>	How long <i>several years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John S. Sheen</i>
	Address <i>Stillinga Md.</i>
Accident or Suicide?	



Name in Full		Ethel Mildred Weitzel				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Stighleantown		County		Barto	
	Date of death	1907	Month	10	Day	9	Age
	Sex	Female		Color or Race	White		Birth-place
	Occupation	none		Where Residing if not at place of death		Md	
	Married, Single or Widowed	---		Name of Wife or Husband		---	
	Father's Name	Wm J. Weitzel				Father's Birthplace	Md.
	Mother's Maiden Name	Nettie C. Hartzell				Mother's Birthplace	Md.
Name of person giving information	Mary Weitzel				How related to deceased	Grand-mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Anasition				How long	Since birth
	Immediate	---				How long	---
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	Dr. F. A. Glantz
	Address	4 Eastern Ave.					
	Accident or Suicide?						

Mr. Carmel Bern
Hernwig & Son
9/11/07

Name
in
Full

CERTIFICATE OF DEATH

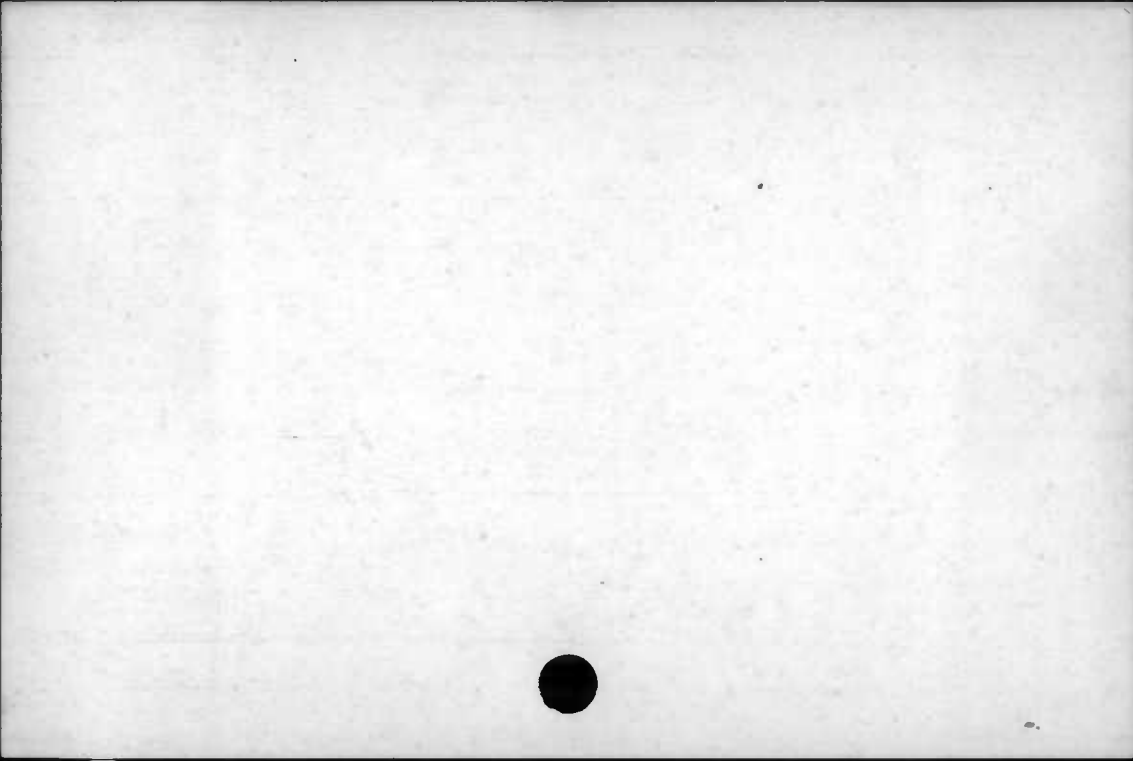
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Emma Pearl Wheeler</i>		Town <i>Annapost P.O.</i>		County <i>Balto.</i>		MARYLAND	
Died at <i>Annapost P.O.</i>							
Date of death	1907	Month	10	Day	16	Years	2
				Age		Months	0
						Days	
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Annapost P.O.</i>
Occupation	<i>None</i>		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		<i>Thomas H. Wheeler</i>				Father's Birthplace	
						<i>Annapost P.O.</i>	
Mother's Maiden Name		<i>Emma Annapost</i>				Mother's Birthplace	
						<i>Trenton, Md.</i>	
Name of person giving information		<i>Elisha Wheeler</i>				How related to deceased	
						<i>Uncle</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Illegitimate</i>	(19)	How long	<i>2 wks.</i>
Immediate	<i>Mumps</i>		How long	<i>2 da.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Edgar M. Bush</i>	
		Address	<i>Hamstead, Md.</i>	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Harry Addison Wheeler

Town

Bosley

County

Balto.

MARYLAND

Date

of death 1907

Month

10

Day

15

Age

Years

Months

3

Days

6

Sex

Male

Color or
Race

white

Birth
place

Ind.

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Thomas Wheeler

Father's
Birthplace

Ind.

Mother's
Maiden Name

Maggie E. Ford

Mother's
Birthplace

Ind.

Name of person giving
In formation

Thos. Wheeler

How related
to deceased

Father -

CAUSES OF DEATH

157

Primary

Marasmus

How long

4 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Wilmer C. Evers M.D.

Address

Cockeysville
Ind.

Accident or Suicide?

To be buried at Elmwood
Church by me tomorrow
Please send friends by return
mail. A. W. Foster

Yours truly
A. W. Foster

Name
in
Full

Mildred Leona Wheeler

CERTIFICATE OF DEATH

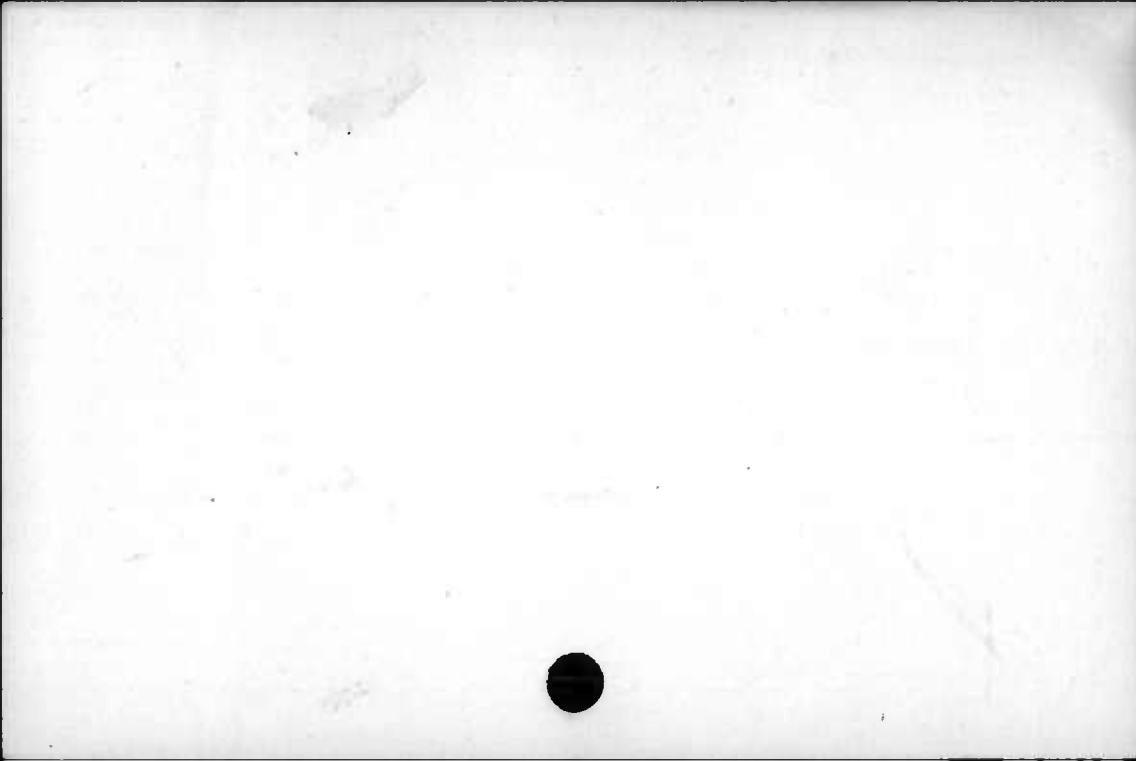
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bosley</i>		County <i>Batts.</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>10</i>	Day <i>29</i>	Age	Months <i>6</i>	Days <i>20</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-Place <i>Ind</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____			
Father's Name <i>Thomas Wheeler</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Maggie Ford.</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Thos. Wheeler</i>		How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	<i>151</i>	How long <i>4 months -</i>
Immediate <i>Exhaustion</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wilmer C. Ensor</i>	
	Address <i>Cockeysville Ind.</i>	
Accident or Suicide?		



Name
in
Full

Wesley R. Whitaker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pimlico</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	1907	Month	Oct.	Day	9 th	Age	46
				Years	10	Months	21
Sex	<i>male</i>		Color or Race	<i>White</i>		Birth-place	<i>Harford Co.</i>
Occupation	<i>Real Estate</i>			Where Residing if not at place of death <i>Near Delight, Balto. Co.</i>			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Bertha M. Cannon - Whitaker</i>			
Father's Name	<i>Lloyd D. Whitaker</i>					Father's Birthplace	<i>Baltimore City</i>
Mother's Maiden Name	<i>Elizabeth Stanbury</i>					Mother's Birthplace	<i>Harford Co.</i>
Name of person giving information	<i>Bertha M. b. Whitaker</i>					How related to deceased	<i>Wife</i>

CAUSES OF DEATH

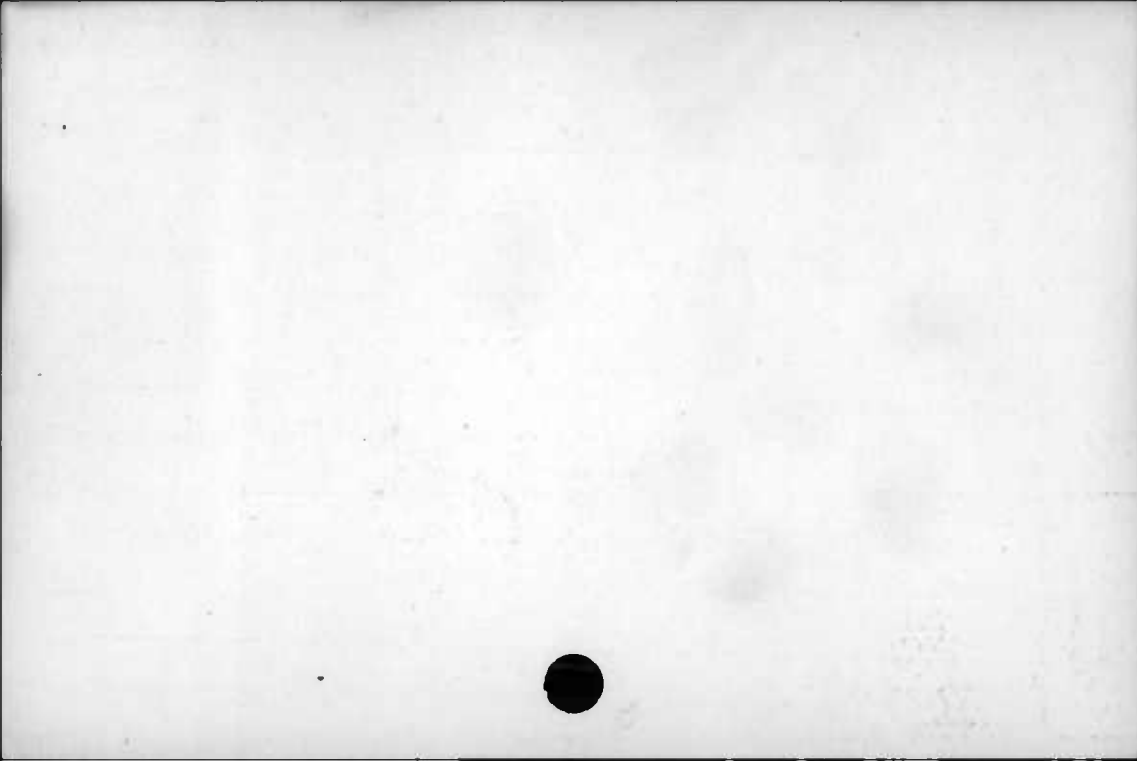
164

PHYSICIAN
OR CORONER

Primary	<i>Struck by Electric car.</i>	How long	<i>immediate</i>
Immediate	<i>Fracture of skull etc.</i>	How long	<i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>H. Holliday Emrich</i>
		Address	<i>Arlington Md.</i>
Accident or Suicide?	<i>Accident</i>		

Joseph H. Staph
Greenmount Cemetery.

Name in Full Charles. H. White.		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at Glen Mirrie <small>Town</small>		Baltimore <small>County</small>		MARYLAND
	Date of death	1907	Dec <small>Month</small>	25 <small>Day</small>	49 <small>Years</small>
	Male <small>Sex</small>		White <small>Color or Race</small>	Baltimore <small>Birth-place</small>	
	Coachman <small>Occupation</small>		Where Residing if not at place of death		
	Single <small>Married, Single or Widowed</small>	Single <small>Name of Wife or Husband</small>			
	Unknown <small>Father's Name</small>	Unknown <small>Father's Birthplace</small>			
	Unknown <small>Mother's Maiden Name</small>	Unknown <small>Mother's Birthplace</small>			
J. H. Ferguson <small>Name of person giving information</small>		None <small>How related to deceased</small>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary Illuminating gas		156		Unknown <small>How long</small>
	Immediate Asphyxiation				" <small>How long</small>
	yes <small>Are the name, age, sex, color, date and place correctly given above?</small>		Henry B. Whiteley <small>Signature of Physician</small>		
			Baltimore, Md <small>Address</small>		
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James Sherwood Why</i>		Town <i>Monkton</i>		County <i>Baltimore</i>	
Died at <i>Monkton</i>					
Date of death	1907	Month <i>10th</i>	Day <i>30</i>	Age <i>1</i>	Years <i>4</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Monkton</i>		Days <i>19</i>
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>William W Why</i>		Father's Birthplace <i>Hersford</i>			
Mother's Maiden Name <i>Canzetta Lee</i>		Mother's Birthplace <i>Black Horse</i>			
Name of person giving information <i>William W Why</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

Primary

*Marasmus**151*

How long

4 months

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

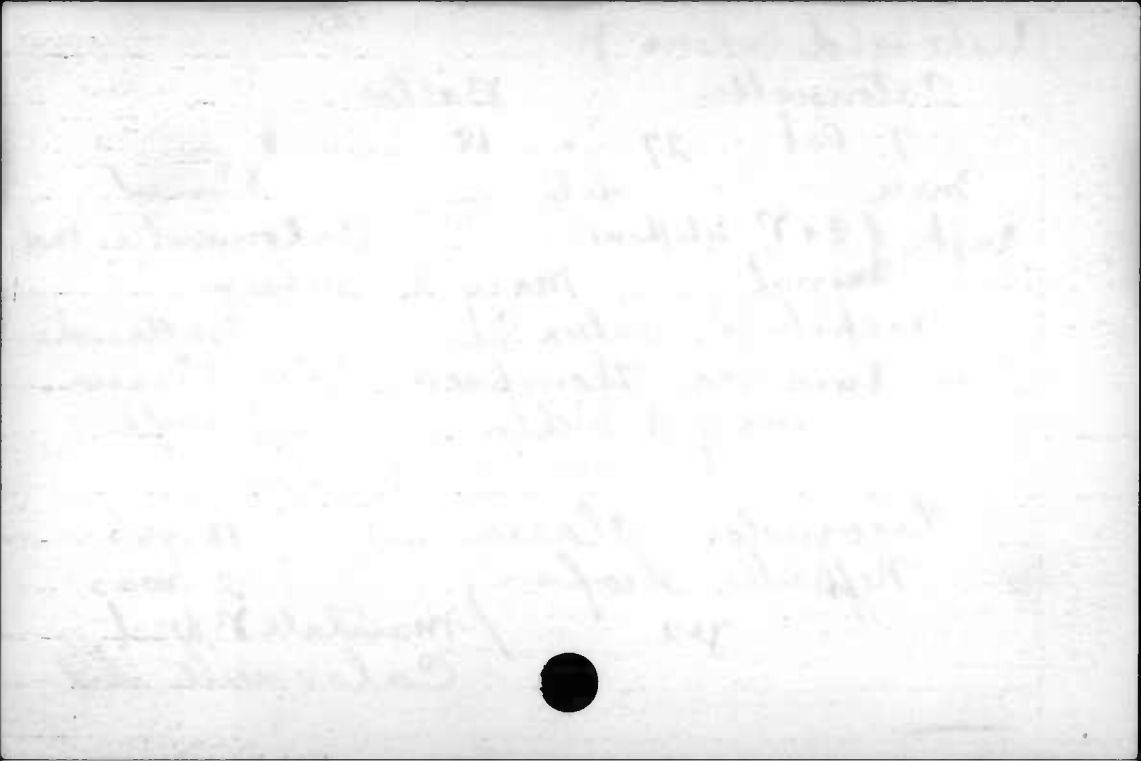
J R Payne

Address

Corbett

Accident or Suicide?

and



Name
in
Full

Archibald Wilson Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

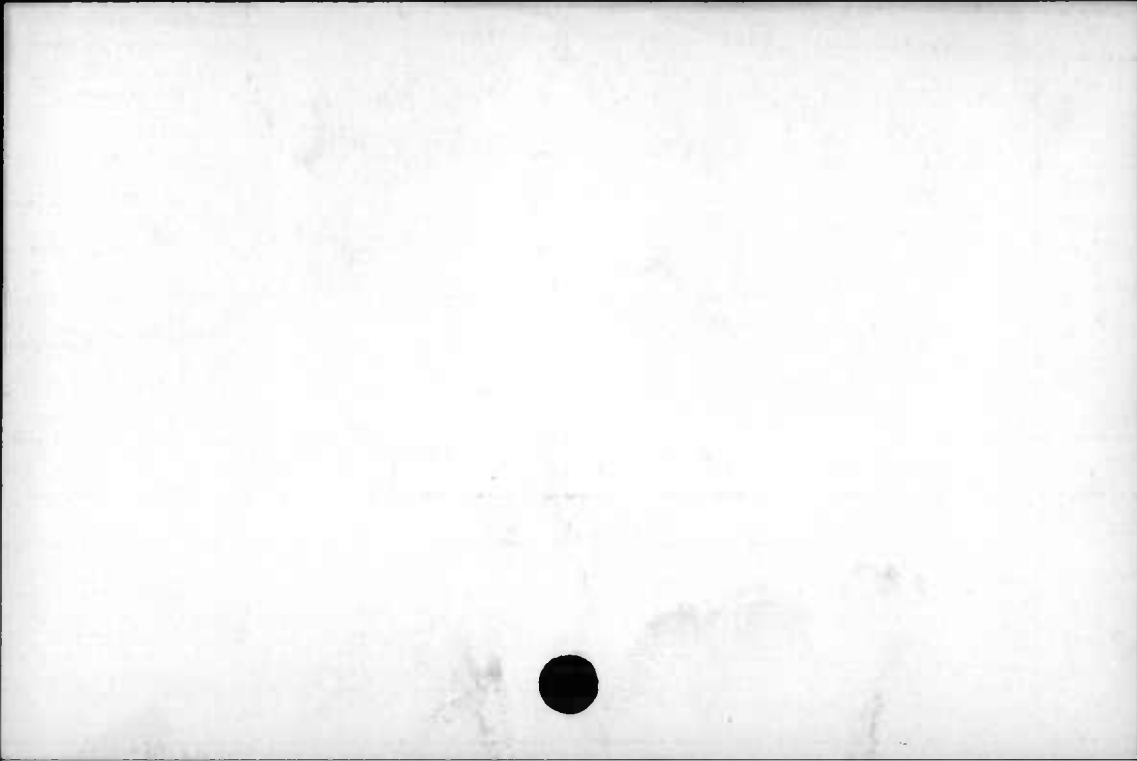
Died at		Town Catonsville		County Baltimore		MARYLAND	
Date of death	1907	Month Oct	Day 27	Age 68	Years	Month 8	Days 5
Sex	Male		Color or Race	White		Birth- place	Penn.
Occupation	Supt. of C & P. Telephone			Where Residing if not at place of death		Catonsville, Md	
Married, Single or Widowed	Married		Name of Wife or Husband		Mary A. Wilson		
Father's Name	Archibald Wilson Sr.				Father's Birthplace	Scotland	
Mother's Maiden Name	Amanda Thompson				Mother's Birthplace	Penn.	
Name of person giving information	Mary A. Wilson				How related to deceased	wife	

CAUSES OF DEATH

62

PHYSICIAN
OR CORONER

Primary	Locomotor ataxia		How long	10 yrs.
Immediate	Nephritis dropsy		How long	2 mos.
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
			Catonsville Md.	
Accident or Suicide?				



Name
in
Full

Emanuel I. Kitto

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hightstown</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>Oct</i> ^{Month}	<i>7th</i> ^{Day}	<i>53</i> ^{Years}	<i>7</i> ^{Months}	<i>21</i> ^{Days}
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore City</i>		
Occupation <i>Butcher</i>	Where Residing if not at place of death <i>#5 Summer Place</i>				
Married, Single <i>Married</i>	Name of Wife or Husband <i>Emanuel I. Kitto</i>				
Father's Name <i>William Kitto</i>	Father's Birthplace <i>Baltimore City</i>				
Mother's Maiden Name <i>Elizabeth I. Kitto</i>	Mother's Birthplace <i>Baltimore City</i>				
Name of person giving information <i>Annie Rebecca Kitto</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cold</i>	116	How long <i>9 days</i>
Immediate <i>Peritonitis</i>		How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. C. Schliker M.D.</i>	Address <i>2414 E. Baltimore St.</i>
Accident or Suicide?		

R. J. Farmer

Baltimore, Canada

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William Zeller

Died at *Bea Brook.*County *Baltimore*

MARYLAND

Date of death *1907* Month *October* Day *13th* Age *25* Years Months *—* Days *8*Sex *Male* Color or Race *White* Birth-place *Baltimore City Md*Occupation *Laborer* Where Residing if not at place of death *25th S. & Allen Baltimore*Married, Single or Widowed *Single* Name of Wife or Husband *No wife*Father's Name *George J. Zeller* Father's Birthplace *Baltimore City*Mother's Maiden Name *Elizabeth Lepper* Mother's Birthplace *Baltimore City Md*Name of person giving information *Charles Zeller* How related to deceased *Brother*

CAUSES OF DEATH

172

Primary *Accidental Drowning* How long *—*Immediate *—* How long *—*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *David A. Thompson*Address *1500 Highland Ave
Baltimore County Md*Accident or Suicide? *Accident*

1st Evangelical Sem.
H. Sander sons

Name
in
Full

Unknown Colored Man

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Green gl</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1907	Month <i>October</i>	Day <i>29</i>	Age <i>Unknown</i>	Years Months Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Not known</i>		
Occupation <i>Unknown</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Not known</i>		Father's Birthplace <i>Not known</i>			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

(166)

PHYSICIAN
OR CORONER

Primary	<i>Struck by Train.</i>	How long	
Immediate	<i>No 73. P. W. R. Rail Road</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of <i>David A. Thompson</i>	
		Address <i>1500. Highland Ave</i>	
Accident or Suicide? <i>Accident</i>		<i>Baltimore County Md</i>	

Christen Hoff
Baltimore

Name
in
Full

Infant known

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at _____		Town _____		County <u>Baltimore Co</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>October</u>	Day <u>12</u>	Age <u>1 year 10 months</u>	Months <u>10</u>	Days <u>—</u>		
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>—</u>				
Occupation <u>None</u>	Where Residing if not at place of death <u>None</u>						
Married, Single or Widowed <u>X</u>	Name of Wife or Husband <u>X</u>						
Father's Name <u>Unknown</u>	Father's Birthplace <u>—</u>						
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>—</u>						
Name of person giving information <u>William O'Brien</u>	How related to deceased <u>—</u>						

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary <u>Lone Play</u>	How long <u>—</u>
Immediate <u>Crushed head</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>—</u>	Signature of Physician <u>E. M. Deane</u>
	Address <u>Gorantown</u>
Accident or Suicide? <u>—</u>	<u>Thomas E. Deane</u> <u>Notary Public</u>

Permit issued to
Constable

George D. Myerly
to bury body at
Balt Co Almshouse
R. L. Wassmberg
Registrar